THE

MEDICAL AND SURGICAL REPORTER.

Whole Series, Nos. 270, 271. PHILA., DECEMBER 21, 28, 1861. New Series, Vol. VII. Nos. 12, 13.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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Professor of Anatomy and Clinical Surgery, etc.

INTRODUCTORY LECTURE.

All individual efforts of other practitioners have signally failed in this direction. Their professional pride did not allow them to call upon the public for support, and professional encouragement and favor were withheld. Hence orthopædic surgery has as yet acquired no status, and is certainly no common property of the American profession.

The term "orthopædic," first used by Andry, has been generally accepted for that subdivision of the healing art which considers the deformities of the human frame, their prevention, causes, and treatment. The etymology of the term is derived from *ορθὸς*, straight, *παιδεύω*, to educate.

Orthopædy does not include, however, all deformities, especially those of a mere transient nature; as, for instance, the deformities connected with fractures and dislocations. The malposition of the eyeball (strabismus) has been properly transferred to ophthalmology. Defects and distortions of the integuments, and their relief, form another subdivision under the appellation of plastic surgery, and so on. Thus orthopædy is strictly limited to the more permanent and not rarely congenital deformities of the skeleton and the locomotive apparatus. These deformities originate more or less spontaneously, either on account of morbid changes and actions of the nervous system, or vitiated nutrition, (rachitis.) It should, however, be borne in mind that descriptive definitions are rarely perfect, and that discrepancies must necessarily arise from an artificial grouping of diseases. Thus, for instance, the deformities caused by the cicatrices of burns, in the neighborhood of articulations, have been drawn into the orthopædic domain, simply because they most usually demand mechanical appliances to overcome their prejudicial effects.

With but few exceptions, almost all deformities of the body are of a *consecutive* character; the bones act merely as passive agents in following the traction of the muscles. The latter, in their turn, are subservient to the nervous system, reflecting all the morbid changes that may take place in that sphere. If, however, a deformity has become firmly established, and has lasted for some time, both bones and muscles undergo more or less permanent changes in form and texture, and the difficulty may ultimately become irremediable. The ligaments are, by virtue of their structure and function, not as often implicated in deformities, as bones and muscles. Sometimes they are compromised in the formation of the sclerotic tissues at the articulations; in paralysis they seem to become relaxed, and therefore facilitate an undue mobility of their respective joints. But a contraction of ligaments is a physiological impossibility. Their dimension is regulated by elasticity. Now they may lose that elasticity by structural changes; they may become elongated by loss of elastic fibers and excess of fat. It can, however, not be conceived how they can become shortened by any other process than sclerosis, and this presupposes local inflammation.

A most fertile source of deformities is the diseases of joints. Not so much from displacements, anchylosis, or cicatrices, as from permanent contraction of muscles. There is scarcely an articular affection that is not more or less complicated with muscular contractions, and consequently with deformity, mostly of permanent duration. The true pathological nature of these muscular contractions has only of late been recognized,

Professor Andrez, of Paris, was the first who collected the scattered information on orthopædy, put it in a tangible form, and introduced the collective title* which this branch of the healing art now bears. He attempted also to ferret out the common causes of deformities, and to establish general indications and maxims for their effective treatment. But he certainly transgressed the boundaries of orthopædic domain by including the deficiencies of the eye, ear, hair, nails, etc., thus mixing up heterogeneous subjects which had no pathological analogy to each other. Andreas Venet, of Switzerland, subsequently (1780) corrected the errors of Andral, and established the proper limits. Venet was the first who created (at or before) an institution for the exclusive treatment of distortions of the human frame. From that time orthopædy began to enlist the interest and ardor of eminent practitioners, and their efforts gave it a more scientific character.

In connection with the early advancement of orthopædy, it is but just to mention with distinction the names of Bruckner, Camper, Wenzel, Paletta, Scarpa, Söemmering, Delpech, Heine and others. But the greatest, and certainly most important impetus for its scientific culture, orthopædy derived from the introduction of subcutaneous myotomy and tenotomy by Stromeyer. That operation at once rendered a large proportion of deformities amenable to treatment, which before had been set down as beyond reach of surgical means. Other improvements have since followed in rapid succession.

The discovery of anæsthetics has largely aided in advancing orthopædic science, and we have now arrived at a period in which it may be safely placed alongside with other branches of scientific medicine, without detriment to their dignity and perfection.

Orthopædic surgery has for many years been a favorite subject in Germany, and her most distinguished surgeons have assiduously joined in its culture. Besides Stromeyer, Dieffenbach, Loriazer, B. Langenbeck, Robert, Berend and other prominent men have productively labored for it. In France, Jules Guérin, Major, Marjolin, Malgaigne, and Louvrier have materially aided in diffusing and improving orthopædic practice.

Dr. Little has been its chief apostle and promoter in England. Himself a sufferer from congenital club-foot, he went to Germany, and obtained relief at the masterly hands of Stromeyer and Dieffenbach. With grateful enthusiasm for the new method of treatment, and determined to extend its benefits to his fellow-sufferers, he zealously entered upon the enterprise of establishing an orthopædic hospital, in which it is but just to say he was most generously aided by his countrymen. Nobody can pass Bloomsbury Square, in London, and see the noble institution, the Royal Orthopædic Hospital, and read its reports of the thousands of patients that have received therein aid and comfort, without thinking of the beneficence and great scientific merits of its founder and chief laborer.

The inestimable boon which that charity has bestowed upon the poor and helpless may best be realized in the 12,000 patients that were attended and relieved in one decennium, (1841 to 1851.) And the numerous literary publications that have from time to time emanated from the medical officers of that institution are sufficient evidences of its scientific working.

As soon as the practical requirements of orthopædic charities had thus been demonstrated, they became established in most of the great cities of the United Kingdom, and we believe it to be no exaggeration in stating that at the present 12,000 patients, afflicted with deformities, received in the course of one year gratuitous attendance in Great Britain.

In the United States the historical records of orthopædy are not so favorable. Its advancement has met with serious obstacles on the part of the profession, and all attempts at cultivating it as a specialty have, as specialties in general, been frowned down as the pretenses of quackery.

As a mere subordinate branch of surgical art, orthopædy could never develop itself to that degree of perfection it has acquired elsewhere by special devotion and culture. Public and private institutions for the exclusive treatment of deformities are highly prosperous in Europe, not by virtue of their pretenses, but by the amount of actual relief they afford to patients. Besides the discipline of the patients, so indispensable for methodical and mechanical treatment, they are provided with all the facilities and requirements of an efficacious management. They have competent nurses and medical attendants, which in a private dwelling are scarcely to be obtained.

The objections of the profession to specialties

* L'orthopædie ou l'art de prevenir et de corrige dans les enfants les deformites du corp. Paris, 1741.

are based partly on wrong premises, partly on mere notions. The country abounds with quacks and pretenders, who victimize and fleece the community at a fearful rate. There is no law that arrests their illegitimate invasion of the professional domain. They presume with impunity on the honorably-acquired character of the profession, and unscrupulously override all decency and honesty. They gather around themselves sufferers by the hundred, and are inexhaustible in their promises and schemes to delude the ignorant and credulous portion of the people. What medical art is impotent to achieve, the quacks arrogantly claim as their divine secret. Divination is their inheritance, from which the profession is obviously excluded, and Newton is the great redeemer of afflicted humanity.

But what does all this infamous business of dishonest speculators prove against the scientific and legitimate pursuit of specialties? Nothing. It certainly does not follow that specialties would undergo the same degeneration from their honest course, and culminate in pretentious quackery. In Europe this has not been the case; and the few specialties that have been fostered in our midst have certainly given no cause for apprehensions of this kind.

On the other hand, it must be admitted that the rapid advancement of medical science and art during the present century is in a great measure owing to the division of labor. Without the special investigation of Lænnec, Skoda, and Traube, our knowledge of the diseases of the lungs and heart would be in its infancy. Cramer has almost entirely created anew the pathology of the hearing apparatus. Von Graefe is assiduously at work to reconstruct ophthalmology on a physical and rational basis, and for that Augean labor he certainly deserves our admiration and support. And must we remind you of the ingenious improvements our distinguished countryman Dr. Marion Sims has wrought in one of the most fearful defects women are liable to? Read the history of the operation for Vesico-Vaginal Fistula, and you will find that his whole time has been absorbed in perfecting its technicalities. The same influence of specialty we could prove in almost every department of medical science, sufficiently established, at any rate, to remove objections so utterly groundless.

We do not, of course, advocate the establishment of specialties at the expense of medical science and independent of it. On the contrary, they should emanate from medical science; they should receive their chief maintenance from it, and return its results to the same source from whence it originated. Not as the ancient Egyptians pursued specialties *per se*, and disconnected from each other. Such a system would be prejudicial to scientific advancement, unproductive of practical results, and terminate eventually in the crudest empiricism. That system has been finally adjudicated by history, and has certainly no earthly chance of being resuscitated.

The steady progress of medical science and its already acquired magnitude will inevitably settle the pending question. Practitioners will have to choose between general superficiality and special efficacy.

With these premises, we yet hope to see the day that in this country orthopædic hospitals and institutions will spring up, where the afflicted and distorted will find ready and efficient aid.

After this opportune digression, we beg to resume our subject. If we are correctly informed, it was Dr. Detmold who introduced tenotomy into the United States. Having enjoyed the inestimable privilege of Stromeyer's personal tuition, he commenced his orthopædic career with the enthusiasm and energy of a brilliant intellect. Great must have been the inducement to that talented surgeon to cultivate as a specialty the large, undisputed, and heretofore unexplored field; and we understand that he zealously labored to render his knowledge alike useful to the deformed and to the profession. Yet the professional notions he had to encounter must have been too strong for his perseverance, and thus he had to content himself with the ordinary professional rank.

No American surgeon realized the importance of orthopædic surgery more fully, and felt more earnest desire for its propagation, than our venerable Nestor, Valentine Mott. In his interesting "Travels in Europe and the East," (New York, 1842,) he expresses himself in the highest terms of appreciation of "this illustrious era of the healing art." Indeed, though at the eve of an eventful and useful life, and distinguished by all the honors of a grateful country, his enthusiasm was so deeply aroused as to express his determination to lend his influential aid in the erection of "an American orthopædic institution" in the City of New York, that the principles "of that inestimable science might be diffused far and wide." But even Dr. Mott yielded

to professional prejudice, an enterprise which enthusiasm and "gratitude to Guerin, to his friends and country," had conceived, and which could not have failed in contributing greatly to the relief of the poor and helpless and the promotion of professional interest; an enterprise which he himself estimated as the crowning art of his long and fruitful life.

To be Continued.

COMMUNICATIONS.

The Insertion of the Capsular Ligament of the Hip-Joint, and its Relation to Intra-Capsular Fracture of the Neck of the Femur.

By Geo. K. Smith, M.D.,
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While listening to the lectures of Professor Hamilton on Fractures and Dislocations, delivered at the Long Island College Hospital, in the spring and summer of 1860, I became very much interested in the study of fracture of the neck of the femur within the capsular ligament; and, after reading considerable on that subject, I was led to wonder why it was that a given specimen, presented as an illustration of bony union after fracture of the neck, should, when viewed by different surgeons of equal merit, give rise to such widely different and conflicting opinions: some regarding it as an example of bony union of intra-capsular fracture; some of union partly without the capsule; while others denied that the bone was ever fractured, and declared that its morbid appearances were characteristic of interstitial absorption. An illustration of this singular fact is seen in a case reported by Professor Mussey, of Cincinnati, in the April number of the *American Journal of Medical Sciences* for the year 1857. Of this specimen, Professor Mussey writes as follows:—

"In the year 1830 I showed this to MM. Roux and Amussat, and some other professional gentlemen, in Paris. They regarded it as a fair specimen of bony union of intra-capsular fracture. In London I also showed it to Mr. Lawrence, Mr. Travers, Mr. Stanley, and Dr. Hodgkin, who was then Curator of the Museum at Guy's Hospital. These gentlemen were interested with the specimen, and considered it as a satisfactory example of bony union within the capsular ligament. On my presenting it for inspection to Sir Astley Cooper, he remarked: 'This bone was never broken.' I said, Sir Astley, please to look at the interior of the bone. He separated the two halves, and said: 'This does look a little more like it, to be sure; but I do not think it is wholly within the capsular ligament.' At Edinburgh, I showed it to that distinguished surgeon, John Thompson, whose work on inflammation had given him extensive notoriety. On carefully inspecting it, he declared, 'upon his truth and honor,' that it had never been broken. An opinion had prevailed for some time among surgeons, that in old persons the head of the thigh-bone is liable to sink below its ordinary level, with more or less shortening of the neck, which occurs in certain morbid conditions without the aid of mechanical violence. Mr. Thompson regarded this as an instance of that kind of change."

Dr. Mussey further states that—

"The professional gentlemen of our own country who have examined these specimens, unhesitatingly pronounce this to be a case of union by bone of intra-capsular fracture."

Some specimens have been presented as proofs of bony union, concerning which the diagnosis of fracture was never clearly made out; and, in these instances, we were not surprised that some should deny that the bone was ever fractured, and that they should regard the morbid appearances of the bone as being characteristic of interstitial absorption of the neck.

I could see no satisfactory reason, however, for the difference of opinion among those who regarded the specimen as an example of bony union; for, if the capsular attachment to the neck be definite and invariable in its location, as described by Wilson and Gray, then it seemed easy to ascertain, by actual measurement, whether the line of union in any specimen be entirely within or partly without the capsule. Here it occurred to me that there might possibly be a variation in the locality of capsular attachment to the neck; and, if so, this fact would account, in a great measure, for the endless contention of surgeons over the possibility of bony union within the capsule. This supposition was materially strengthened by the fact that, in numerous instances, the surgeon, who made the autopsy after union of fracture of the neck, and examined the specimen before the removal of the capsular ligament, was convinced that the fracture was entirely within the capsule; while other surgeons, equally competent to judge of the point at issue, who saw the specimen after the removal of the capsular ligament, were positive that the fracture was partly without the capsule.

Entertaining this suspicion concerning the location of capsular attachment, I determined to

ascertain, by actual observation and accurate measurement of numerous specimens of the normal capsule, whether it ever varied in its insertion from the descriptions given by Wilson and Gray. I had examined but a few specimens before I learned that the line of capsular attachment to the neck was by no means invariable; and so great were its variations, that it seemed almost impossible that the dried bone should, in any instance, furnish positive proof that the fracture had been entirely within the capsule. I reasoned from this fact that, if, in the investigation of the question of bony union, the capsular ligament had been distended and dried with each specimen, the vexed question of osseous union within the capsule would long since have been settled; for, after being dried, and a section made of the bone and its capsule, leaving on one part enough of the capsule to indicate its attachment to the other, the latter might be macerated or boiled, to test the solidity of the union, while the former would ever afterward indicate the locality of the fracture in respect to the attachment of the capsule to the neck of the bone. But even this process leads to error; for, as we shall see hereafter, the capsule of the fractured bone is not only thickened by the inflammatory action which follows the injury, but also lengthened, being in some instances inserted posteriorly into the shaft of the bone, instead of its normal insertion into the neck, which has been removed by absorption.

After finding that scarcely any two capsules, taken from different subjects, were identical in point of attachment to the neck, I consulted other works on anatomy, to see if they agreed with Wilson and Gray in locating the attachment of the capsule.

From these several authors I quote the following:—

"The capsular ligament arises from the dorsum of the acetabulum, incloses the cotyloid ligament as it ascends, but does not adhere to it except at the notch; it is also connected to the inferior spine of the ilium and to the obturator ligament; it is inserted into the base of the neck of the femur, being longer behind and below than in any other situation."*

To this is added the following note by Prof. Watts, the American editor:—

"This ligament includes the neck of the femur to such an extent that a fracture of the neck within the capsular ligament can and does take place, usually, however, in old subjects. The ligament includes the neck more completely anteriorly, where it extends as far as to the anterior inter-trochanteric line, whereas posteriorly the ligament is lost upon the periosteum, several lines within the posterior inter-trochanteric line."

"This ligament incloses all the bones from the edges of the socket to the roots of the trochanters, embracing not only the head, but the neck of the thigh-bone."*

"It embraces that part of the head of the os femoris which projects above the margin of the acetabulum and descends along the neck to its root. It is longer in front; is fixed there to the oblique line which runs between the two trochanters, and behind into the root of the neck, a little in advance of the posterior oblique ridge.

"Above it is fixed to the neck just below the rough fossa in the trochanter major; and on the under surface of the neck it adheres just above the trochanter minor."†

"The capsular ligament which contains these articulating parts is the strongest in the body. It arises around the acetabulum near the basis of the cartilaginous brim, but it does not adhere to the cartilaginous edge, and it is inserted into the os femoris near the roots of the trochanters, so that it includes a large portion of the neck of the bone."‡

"Its inferior circumference is inserted in front into the oblique line leading from one trochanter to the other; but superiorly and behind its fibers are implanted into the neck of the bone within a quarter of an inch of the trochanteric fossa, and about the same distance from the posterior inter-trochanteric line."§

"The capsular ligament of the hip-joint is the strongest one of the body. It is attached by its upper extremity around the border of the acetabulum inclosing the cotyloid ligament; and by its lower extremity is attached to the anterior inter-trochanteric ridge of the femur, and less strongly to the neck of the latter, just above the posterior inter-trochanteric ridge."‖

"It is inserted superiorly and externally into the root of the neck, internal to the digital fossa of the great trochanter; anteriorly into the anterior inter-trochanteric ridge and into the fore part of the neck above this line; internally and inferiorly it descends near to the root of the lesser trochanter, and is inserted into the neck about a quarter of an inch above the posterior inter-trochanteric ridge."¶

"Its inferior circumference is inserted in front into the oblique line leading from one trochanter to the other; but superiorly and behind, its fibers are implanted into the neck of the bone within a quarter of an inch of the trochanteric fossa, and

* Dublin Dissector, p. 517.

* Bell's Anatomy, vol. i. p. 301.
† Horner's Anatomy, vol. i. p. 295.
‡ Pancoast's Wistar, vol. i. p. 258.
§ Elements of Anatomy, by Jones Quain, p. 273.
‖ Leidy's Anatomy, p. 159.
¶ Harrison's Anatomy, p. 668.

about the same distance from the posterior inter-trochanteric line."*

"The femoral insertion of the capsular ligament requires to be carefully studied, for the purpose of explaining the difference between fractures within, and fractures beyond, the capsule. This insertion is so arranged, that at the upper part and in front of the joint, it corresponds with the base of the neck of the femur, while beneath and behind it is situated at the junction of the external with the two internal thirds of the neck. The insertion of the capsule in front takes place not only at the base of the neck of the femur, but also internally to this base, to the extent of several lines, as may be ascertained by an incision being made along this insertion in the direction of the axis of the neck."†

"It arises round the outside of the brim of the acetabulum, embraces the head of the thigh-bone, and incloses the whole of its cervix as far as the root or outer extremity, round which it is firmly connected."‡

"Its lower circumference surrounds the neck of the femur, being attached, in front, to the spiral or anterior inter-trochanteric line; above, to the base of the neck; behind, to the middle of the neck of the bone, about three-quarters of an inch from the posterior inter-trochanteric line."§

"The capsular ligament arises from the whole circumference of the acetabulum, and passing outwards is inserted into the neck of the femur. In front it is inserted into that line which extends from the greater to the lesser trochanter; posteriorly, it does not extend so far outwards, but is inserted into the neck of the bone about midway between its head and the trochanter major; at its insertion it is incorporated with the periosteum."‖

Prof. Alden March, of Albany, in a paper entitled "Osseous Union of Intra-capsular Fracture of the Neck of the Femur," published in the Transactions of the Medical Society of the State of New York for the year 1858, has questioned the authority of Wilson's Anatomy in locating the insertion of the capsule, and gives his opinion as follows:—

"It is a matter of some importance to define accurately the attachments and extent of the capsule. For the question of deciding whether a given fracture be altogether within, or partly within and partly without, the capsular ligament, will often depend upon the *precise point* of location of its attachments.

"The ligamentous capsule embraces, or is attached to the margin of the *acetabulum* superiorly, and inferiorly and anteriorly to the inter-trochanteric line, superiorly and posteriorly to the neck of the bone just within the *trochanteric* or *digital fossa*, and within the posterior *inter-trochanteric line*, or lip of bone extending from the *trochanter major* to the *trochanter minor*.

"Wilson says the capsule 'extends further upon the neck of the femur on the *anterior* and *superior*, than on the *posterior* and *inferior* side, being attached to the inter-trochanteric line in front, to the base of the great trochanter above, and to the middle of the neck of the femur behind.'

"Judging from a number of specimens I have examined, and from those herewith submitted for inspection, it would appear that the capsule is not attached 'to the middle of the neck of the femur behind,' as above quoted from Wilson's System of Anatomy. If the capsule were attached to the *middle of the neck*, then, indeed, we apprehend it would seldom happen that we should meet with fracture altogether within it.

"The capsular ligament is firmly attached to the os innominatum. Passing in various directions, according to their several situations, the fibers run to be inserted into the base of the neck of the femur, anteriorly into the anterior inter-trochanteric line, superiorly and externally into the surface of the bone close to the digital fossa at the root of the great trochanter, inferiorly and internally to the line leading from the lesser trochanter to the anterior inter-trochanteric line, and posteriorly it is partly reflected upwards, so as to become continuous with the periosteum of the posterior part of the neck of the bone; this reflection taking place along the posterior inter-trochanteric line, and partly inserted into that line, especially at its internal and external extremities."*

"The capsular ligament represents a kind of shut sac, which is attached, on the one hand, to the periphery of the cotyloid cavity, and on the other, to the prominent lines which extend, in front and behind, from one trochanter to the other, thus including both the head and neck of the bone. It descends further down on the anterior than on the posterior surface of the neck, and is thicker and stronger above and behind than in any other portion of its extent."†

It will be observed, in this connection, that, notwithstanding the extreme diversity among our authors in describing the *precise location* of the insertion of the capsule, not a single one, even, intimates that it ever varies from the position which he has assigned to it. All agree in locating the insertion of the capsule in front, at the anterior inter-trochanteric line, with the exception of Cruveilhier and Harrison, who state that it is also inserted into the anterior surface of the neck to the extent of several lines internal to the anterior inter-trochanteric line. Concerning its insertion into the posterior surface of the neck,

* Sharpey and Quain's Anatomy, p. 278.
† Cruveilhier's Anatomy, American edition, p. 160.
‡ Fyfe's Anatomy, vol. i. p. 359.
§ Gray's Anatomy, p. 170.
‖ Cooper on Dislocations and Fractures, American ed., p. 73.

* Cyclopædia of Anatomy and Physiology, by Robert B. Todd, M.D., F.R.S., vol. ii. p. 778.
† Gross's System of Surgery, vol. ii. page 230.

great differences of opinion exist. Some locate it at the middle of the posterior surface of the neck; some at the posterior inter-trochanteric line; and others at all points intermediate between these two extremes. From this we see that he who has a specimen representing union at any point between the head of the bone and the inter-trochanteric lines, can find authority among anatomists for believing it to be union of intra-capsular fracture. Sir Astley Cooper located its insertion at the middle of the posterior surface of the neck, and regarded, as examples of union partly without the capsule, all those specimens in which the line of union on the posterior surface of the neck was found to be nearer the shaft of the bone than the middle of the neck; hence we see the reason why those who located the insertion of the capsule at the posterior inter-trochanteric line should deny the authority of Sir Astley, and regard all such specimens as genuine examples of union within the capsule.

To be Continued.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL CLINIC.

Service of Dr. Gerhard.

December 7, 1861.

OBSTINATE VOMITING.

This was the case of a German, thirty-three years of age, a shoemaker, admitted to the hospital October 13th, for persistent vomiting, with which he has been troubled, more or less constantly, for six years past; he is temperate, but drinks an occasional glass of lager; was much emaciated and very feeble when he came here, but has gained flesh, and his complexion has changed from a pale hue to florid; has had no vomiting since he came here. This is in part owing to the change in his habits—his occupation required him to sit in a bent position—in part to the regulation of his diet, which has been arrow-root and milk with a small piece of bread, in the morning and evening, and beef broth and bread at dinner, and in part to the medicine. He has taken—

℞.—Acid. Tannici, gr. ij;
Pulv. Opii, gr. ¼. M.
Every four hours.

His tongue is slightly coated, pulse regular, skin cool, no fever; his bowels are open once a day; stools natural in color. On examination of his abdomen we find no evidence of tumor in stomach, we therefore conclude it is not cancerous; the stomach is a little gaseous, showing that digestion is imperfectly performed. There is no enlargement of liver. The treatment already mentioned may be continued and his diet may be increased. The object of the opium in this case is to allay irritation of the stomach, and it has acted favorably. It sometimes occurs that patients cannot take opium, or fancy they cannot. In such cases I have found it to be well tolerated when given without their knowledge.

INTERMITTENT FEVER—PLEURISY.

This was the case of a female who had been visiting at a place opposite Trenton, New Jersey, which at certain periods is extremely subject to intermittent fever. The family in whose service she has been employed have all had the fever, even to the infant eighteen months old. She has been sick three months, having chills every other night. Her skin is of a saffron color, evincing a disordered action of the liver, which may be in a congested state. In later stages of this disease we find organic disease of this organ, as also of the spleen, which in this case is slightly enlarged, extending to 4½ inches in length. The liver presents no enlargement. In addition to the intermittent, she was attacked about two weeks since with pain upon the left side of the chest, which afterward extended to the right side, following the disease of the spleen. The pain is most severe when coughing. The heart is functionally diseased; we find the bellows murmur in its systole, which I think arises from the alteration of the elements of the blood as a result of this affection, and not from any affection of the nervous system. The serum of the blood is increased.

If now we examine the chest, we find it dilated upon the right side, contracted upon the left. This is ascertained by the sight. On percussion the sound is full, and clear on the left side, on the right dull. By auscultation we find the vesicular murmur is feeble, and we have a feeble blowing inspiration and expiration upon the right side at the lower portion of the lung; in the middle portion we have the friction sound just at the point where the dullness of percussion commences. In the left lung there is a mere trace of mucous rhonchus. We therefore conclude she has pleurisy, but no pneumonia complicating it. The lung is compressed, not congested. The friction sound, together with the feebleness of the vesicular murmur, indicates the pleurisy, and it is readily distinguished from hydrothorax by the two physical signs just mentioned, and by the fact that the latter occupies both sides, while the pleurisy is confined to one. But there is effusion here of what? Of serum and of a small quantity of lymph undoubtedly, and from the extent of the dullness we judge the effusion to amount to not less than a quart. Sometimes the effusion is almost entirely of lymph, but it is not so apt to occur in anæmic cases like the present one.

In the treatment we must have reference to the complication of the fever, which can be best combated by quinine. Give her quinine grs. jv four times in the twenty-four hours. To counteract the

effusion a blister 3 by 4 may be applied low down upon her chest. Blisters act well in the later stages of pleurisy, and small blisters repeated are more beneficial than large ones, Irritation is thus avoided and we are enabled to apply a succession of blisters if need be. She may also take Potassæ Nitras 3j dissolved in water Oss during the day. Her diet should be nourishing—soups, but no meat. If cough be violent, opium may be necessary. Under this treatment the prognosis is favorable.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Prof. Gross.

November 30, 1861.

TUMOR IN AXILLA.

A female, twenty-eight years of age, married; nursing a child eight months old; general health good; tumor of four years standing in left axilla, extending down near to left mamma; movable; prominent portion elastic; circumscribed; an enlargement of the lymphatic ganglia strumous in its character; non-malignant. An operation in this case should be delayed, as it would interfere with the process of lactation, and the delay will occasion no untoward result. Meanwhile, paint the tumor with tincture iodine and alcohol, equal parts; give—

℞.—Massæ. pil. hyd.
Extr. colocynth. āā gr. v,

as a purgative, and also liquid chloride of barium gtt. vj twice a day, increasing by one drop every other day to eight or ten. This is one of the best and most powerful alteratives. Diet should be carefully restricted.

December 4, 1861.

NÆVUS MATERNI.

The location of this tumor is upon the upper lip, causing great deformity, but not preventing the child from nursing. It throbs under the finger; is purple in color; and is greatly increased in size by the crying of the child. It consists in a hypertrophy of the capillaries, and may, if not extirpated, give rise, by the ulcerative process, to dangerous hemorrhage. Various methods of extirpation have been proposed, as puncturing by means of needles heated to a black heat; injection of astringent fluids; vaccination; but that which I prefer, as the simplest and best, is the ligature. In this operation two ligatures are carried through the base of the tumor by means of a curved needle, which has an eye at its pointed extremity, and the tumor is strangulated by tying the adjacent ends. In a little time lymph is thrown out, which closes the mouths of the capillary vessels, and the parts slough off.

MERCURIALIZATION—DEFORMITY.

This was the case of a youth from the country, who, some five years ago, had typhoid fever, during the progress of which he was salivated. The result of this treatment was the loss of teeth on the right side and the sloughing of a portion of his cheek, making a serious deformity, enlarging his mouth to nearly twice its natural size. Mercury is a valuable remedy when rightly used. I should hardly be justified in saying that its employment had done more injury than good; but this I may say, it is sometimes given when there are no indications for its use. In patients suffering under typhoid fever, or some of the exanthemata, it should be used cautiously, if at all. It is better to withhold the remedy when it is not clearly necessary; and it may be questioned whether it would not be better that the patient should die than to be mutilated for life. The physician who prescribes it may not be blamable, but his reputation must inevitably suffer in every such bad result.

We propose to remedy the deformity in this case by a plastic operation, which consists in paring the edges of the opening, and then in transplanting to it a portion of the adjacent skin and cellular tissue, carefully preserving its connection with the surrounding parts, and retaining it in place by means of wire sutures. In this way a tolerably good lip will be formed.

December 7, 1861.

SECONDARY SYPHILIS.

J. H., aged twenty-one, has had sore-throat two months; came on gradually; had two chancres on penis, and slight bubo, not terminating in suppuration; chancres soft, probably as the hard chancre is generally solitary, and quite difficult of cure. Ricord asserts that no secondary symptoms follow soft chancre. Such is not my belief, after careful observation.

On examining the throat, find inflammation of fauces and a peculiar copper-colored redness throughout. On the arch of the palate, lips, and dorsal surface of the tongue there are slight elevations of the mucous and submucous tissues, forming what are denominated mucous tubercles, which are incrusted with plastic matter, looking as if touched with nitrate of silver. These are hard, indurated. On examining the neck, we find enlarged lymphatic ganglia, just below the angle of the jaw; and the posterior cervical ganglia are also enlarged. In the treatment of this case no specifics are necessary; they might prove injurious. Treat it as you would an ordinary inflammation. Touch the parts with nitrate of silver in substance once in forty-eight hours; give a gentle purge, and let him take the antimonial and saline mixture with veratrum viride.

Scurvy among the Troops.—The *Chicago Medical Examiner* says that the surgeon of the Fifth Iowa Regiment reports that scurvy has appeared among the Missouri soldiers, in the form of swollen legs, purpura hemorrhagica, debility, etc., the result of two months' diet of salt meat, hard bread, few potatoes, and no other vegetables.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

WATER-BEDS IN SURGICAL PRACTICE.

In inviting the attention of the society to the subject, Dr. Bauer remarked that there were few practitioners who would not readily admit the available qualities of the "water-bed" for the comfort, ease, and the protection of the patient against decubitus. Notwithstanding this general concession, the water-bed was practically almost entirely precluded from being used in private practice, and certainly not sufficiently often in hospitals. Formerly the price of the article might have been assigned as the cause of its preclusion, but of late it had been materially reduced, and thus the chief obstacle removed. An ordinary water-mattress could now be procured for $10. But it was hardly necessary to go even to that expense, since water-cushions would suffice in most instances. For some time past the Doctor had them made of different sizes, at an average price of $4 each, and had derived much benefit from their application. At this moment he has seven patients on water-cushions:—

1. A girl whose knee-joint he had resected five weeks ago, during which time she had been reduced by suppuration, and remained in the same supine posture so favorable to bed-sores. Yet she has been perfectly comfortable, and free from inconvenience on that score.

2. A little boy with caries of left hip-joint. When he was placed upon the water-cushion three weeks ago, his sacral region was already tender and red. Now, all danger of decubitus has disappeared, although there is as yet no change in his articular disease.

3. A little boy afflicted with posterior curvature of the spine, and paraplegia depending upon it. Before, he could not lay upon his back, his spine being too tender for the contact with an ordinary mattress. The water-cushion has given him most material relief in supporting his entire back without pressing upon any one point in particular, and certainly has acted like a dorsal splint. The improvement of the patient since is significant in every respect.

4. A little boy with a cold abscess of his back, which originated below the dorsal aponeurosis. The abscess has been freely laid open, and is now kindly suppurating. The ordinary bed was exceedingly inconvenient to him; he complained about pain, and he distorted his trunk in order to get a restful position, and failed, at that, to rest comfortably. Since the use of the water-cushion (a week) the change in the boy's condition for the better is noticeable.

But the usefulness of the water-cushion in surgical practice could be greatly extended beyond its present limits. Dr. Bauer was of the opinion that it was the very thing upon which to place injured extremities, by burns, contusions, fractures, and most especially compound and comminuted ones.

The water-cushion would, better than anything else, secure rest and firm position without pressure. Moreover, it would protect against excoriation of the heel, and was certainly the cleanest and most appropriate material, if fomentations, cataplasms, or irrigations should be deemed desirable. His esteemed friend, Professor Dan. Ayres, had constructed a gutter-cushion filled with bran or sawdust, which, in fractures of the leg, had most effectually prevented excoriation of the heel; the water-cushion, he thought, would excel it.

In wounds of the head, contusion and diseases of the brain, a water-pillow would be preferable to an ordinary one, for reasons that required no further explanations.

These few and brief remarks Dr. Bauer hoped would suffice to indicate the great usefulness of water-beds, cushions, and pillows in surgical practice, and to facilitate their more general introduction.

DR. BAUER'S CASE OF EXTENSIVE ENCEPHALO-MELANOSIS.

The patient from whom the pathological specimens were derived was a German woman, thirty-five years of age. She had given birth to several children, all of good health. Her disease commenced eighteen months ago with exophthalmos of the right eye, soon followed by an enlargement of the right superior maxilla, which in course of time so much increased as to force the eye upward and outward. The nose was turned to the opposite side. The cause of this was an encephaloid tumor that filled the antrum of Highmore, the right nasal cavity, and encroached upon the pharynx and mouth. Simultaneous with the development of the maxillary tumor, numerous others of a similar nature appeared in the skin, the subcutaneous cellular tissue, and the lymphatic and mammary glands. On post-mortem examination the liver, pancreas, and both ovaries were likewise invaded. The pancreas presented the appearance of a large-sized bunch of grapes. The stomach had shrunk to a third of its usual size. In most of the cancerous deposits there was a large complement of melanotic material. Dr. Bauer had seen the patient but a few days previous to her death, and he was surprised to find the displaced eye still susceptible to light. The cancerous mass in the right nostril bled freely at the slightest provocation. She was born with numerous pigmentary deposits on her forehead and right eyelids, as if she had suffered from the explosion of gunpowder. Hereditary taint of cancerous disease could not be traced. The large extent of the deposits was rather a surprising fact in a primitive disease of this class.

Gunshot Wounds of the Lung.—Dr. Pineo, Brigade Surgeon, says, in the *Boston Medical Journal*, that three cases in which bullets passed through the lung, producing emphysema, and escape of air from the wound, have occurred under his recent observation, and that all recovered.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by William B. Atkinson, M.D., Recording Secretary.

Wednesday Evening, October 9th, 1861.

PUERPERAL CONVULSIONS.

Dr. Andrew Nebinger, in introducing the subject for the evening's discussion, desired to do so in such a manner as would draw from the members the experience which they had severally acquired. He took a hurried glance at the literature of his subject, and first invited attention to the nature of the disease as presented by a few of the authorities.

Cazeaux regards the true puerperal convulsion not as a hysteric, epileptic, apoplectic, cataleptic, or tetanic convulsion. While he declares that any of these conditions may occur in the pregnant or parturient female, yet they are only these diseases somewhat modified by her condition; "as is the case," he says, "in all other diseases that occur during the puerperal period, the danger to which they expose the patient is increased by that to which they subject the fœtus; but the hysteria does not thereby become less a hysteria, and the tetanic convulsion has not less of its characteristic persistence." * * * In his opinion, it must be admitted that during gestation the woman may have an attack of apoplexy, etc., but it is a distinct affection, having but one symptom in common with eclampsia, the convulsion. The same writer remarks: "Among the various convulsive diseases that may be manifested during pregnancy, parturition, or the lying-in, there is one which has such well-marked characteristics, and whose physiognomy is so peculiar, that I can scarcely comprehend the want of accuracy that still exists in most of all classic works on this subject. This confusion evidently arises from the fact that the authors who have written on puerperal convulsions have included under this title all the affections whose striking characteristic is a convulsion; forgetting that the epithet 'puerperal' must not be applied to every disease developed before, during, or after the accouchment, but simply to one that is intimately associated with that state, and which is only produced pending its duration." Hence this author may be understood as regarding the eclampsia of puerperal women as a disease *sui generis*, and deriving its peculiar characters from the changes which have taken place in the general system; perhaps more particularly in the cerebro-spinal system, as a sequence of the important change which had been produced in the generative system.

Churchill makes three varieties of these convulsions, viz., hysteric, epileptic, and apoplectic. Colombat explains the term eclampsia, eclampsia parturientium, as meaning the epileptiform attack of convulsions depending upon the puerperal state; though the spasms may be present under the form of hysteria, tetanus, or catalepsy. Nor does he regard them as true epilepsy, for he says though epilepsy bears a close resemblance to puerperal convulsions, yet there is a marked distinction in the closing of the paroxysm. In eclampsia the stupor is much more decided and lasting. Ramsbotham considers this affection as more allied to apoplexy, and usually depending upon exactly the same causes; unlike it, however, in having the convulsive fits, and never having any permanent paralysis. He sums up thus: "I look upon a case of puerperal convulsions to be in fact one of apoplexy; only that we have superadded to the common apoplectic phenomena violent spasmodic contractions, and this symptom is dependent upon the irritable and excitable state of the nervous system, always in a greater or less degree accompanying pregnancy and parturition." Dewees holds views identical with those of Churchill.

Meigs regards all females as influenced powerfully by their generation sphere, as understood by the word hysteria or the hysterical influence; and pregnant women as still more under that influence. The sur-nervous excitement he considers is independent of any changes in the blood, or brain, or nervous system at large; and this he views as the fundamental principle of every sort of child-bed convulsion.

Hodge does not believe there is any essential pathological difference between the usual form of puerperal convulsions and those which occur in the parturient state in hysterical women. The only real difference is the degree of congestion: trifling in the unimpregnated condition, very great during gestation, and more so during labor.

Carl Braun is of opinion that the true puerperal convulsion is an acute affection of the motor functions of the nervous system, (an acute neurosis of mobility,) and that it occurs only as an accessory phenomenon of another disease, generally Bright's disease in its acute form. He concludes that the latter affection and uræmic intoxication of the blood are the causes of eclampsia, not its results, and the eclamptic convulsions of women during pregnancy are identical with fits of adults in general that are produced by uræmia in the course of acute Bright's disease.

Upon this subject, Frerichs and Braun are united. Scanzoni teaches that puerperal convulsions depend upon an irritation of the spinal nerve centers, as there is generally found in post mortems a hyperæmia of the spinal cord and its envelopes.

From this exposé of the views of so many distinguished authors, we see the great want of agreement in opinion. Yet while there is a positive want of harmony, there is nevertheless more agreement than might be supposed, and which will be made evident by a careful comparison.

With reference to the cause of the disorder, Ramsbotham regards it as produced by pressure on the brain, as by the sudden effusion of blood from a ruptured vessel, or by a serous exudation into the ventricles or between the membranes, or, most frequently, from simple congestion of the cerebral vessels themselves. Among the remote

causes he places indigestion, irritation of the alimentary canal, general irritability of the system, depressing passions, over-distention of the uterus, and death of the fœtus; but "much more frequently the cause may be found in some deranged state of the uterus itself, probably in its nervous system, and consists in some irritation propagated from that organ to the brain."

Colombat adds to the former list the pains of labor, and observes: "The attack does most commonly take place when the pains have reached the *summum* of their intensity." He sums up: "It is our opinion that the determining cause of eclampsia occurring during the course of pregnancy is the result of exaggerated sympathetic reaction of the womb upon the nervous system." Among the causes, he mentions coagula and retained remnants of the placenta in the womb.

Churchill sets down want of sleep, fatigue, and indigestion as causes of the hysteric variety; and sympathy of the brain with some other organs, as the uterus, stomach, or bowels, as the cause of his epileptic form; and stress upon the cerebral vessels during labor as the cause of the apoplectic form.

Laycock considers the immediate cause to be a loaded state of the brain. At other times he thinks the brain appears to be influenced by a distant irritation either in the uterus or digestive apparatus.

Concerning the causes, there would seem to be more harmony, though still a few differ widely. Thus Braun, Frerichs, etc., of the uræmic school, regard albuminuria as always a concomitant. Frerichs says he has found œdema already present in the third month, though more frequently it is first observed in the last four months. The more pregnancy advances, the more the albumen in the urine increases, but disappears quickly after labor, sometimes within a few days, unless the exudative process in the kidneys makes further progress, and assumes the condition of chronic Bright's disease. But dropsical swellings are not necessarily connected with albuminuria.

"In regard to uræmic intoxication, Frerichs has been led," says Braun, "by a series of carefully performed experiments, to conclusions which he (Braun) found confirmed in the cases of several pregnant women who suffered with eclampsia and acute Bright's disease." These experiments were thought by Frerichs to determine that puerperal convulsions are produced by the breaking up of the urea in the blood, and the development of carbonate of ammonia out of its elements by the action of some unknown ferment present in that fluid. Hence he reasons that the uræmic convulsions do not only originate from the blood being poisoned by urea, but by this conversion into the carbonate of ammonia.

Scanzoni regards it as going too far to pretend that albuminuria is always present when we have eclampsia, and thinks in many cases uræmia is not sufficient alone to account for the phenomena, and there must be another cause in the brain and spinal marrow. He looks to peripheral irritation of the nerves of sensation, and irradiation or reflection of this on the motor nerves, and believes cerebral irritation could extend itself to the spinal column; and in truth the renal degeneration of Bright might act on the nerve centers, and become an important cause of eclampsia.

Cazeaux considers that since albuminuria is present in the great majority of eclampsic women, it or the disease of which it is a symptom may be regarded as the cause. He asserts that, with a very few exceptions, all such cases have albuminuria, though at the same time admitting that it may be present without the slightest symptom of eclampsia. Of forty-one women observed by Blot, who had albuminous urine, only seven had convulsions; and of twenty mentioned by MM. Devilliers and Regnault, eleven only were affected.

Cazeaux thinks one in four or five albuminous patients will be affected with convulsions. These facts and this proportion will not harmonize with what will shortly be offered.

In regard to the theory of Frerichs and Braun, it will not be out of place to show here the conclusions based upon the experiments of Dr. W. A. Hammond, U. S. A., made for the purpose of testing this theory of Frerichs. The report published in the *N. A. Med.-Chirurg Review*, March, 1858, says: "I conclude, therefore, from the foregoing experiments, that urea (simple and combined with vesical mucus) and carbonate of ammonia, when injected into the blood-vessels of sound animals, do not cause death. That urea, when introduced directly into the circulation, does not undergo conversion into carbonate of ammonia."

These are the very opposite of the conclusions arrived at by Frerichs by the same kind of experiments. Which is right? How much acute Bright's disease of the kidneys has to do with the production of, or how much it is merely a coincident with, puerperal convulsions or the true puerperal eclampsia of Braun and those of the uræmic schools, is a matter of the most intense interest; yet with all its intensity of interest it is not half determined. This phase of the subject is worthy of the most searching investigation, the closest scrutiny, and the greatest degree of reflection. While upon it hinges, if it be true, the most important of all treatment, the prophylactic or preventive, the curative can not be otherwise than vastly influenced by it.

Dr. Nebinger hoped that the members, in view of this important point in the consideration of the question, would not fail to give all the facts they might have touching it, intimately or remotely, and that they would indulge in the freest interchange of opinion. There being no portion of the subject more debatable than this, he hoped it would at this meeting be submitted to the severest mental tests.

Is Bright's disease of the kidneys a different disorder in puerperal women from what it is in all others? Is the disorder changed, modified, or

exalted by pregnancy? Is there during pregnancy some peculiar irritability of the cerebro-spinal nerve centers—peculiar, because depending upon the changes going on in the generative system — which makes puerperal women liable to be influenced by retained urea, in such manner as all others are not? If so, who will give the rationale of that irritable condition of the nerve centers? If Bright's disease of the kidneys, coexisting with pregnancy, not only begets a liability to eclampsia, but develops that condition, it was very clear to his mind that there must be in the puerperal woman some peculiar susceptibility to the poisonous influence of urea, depending upon her puerperal condition; and that this condition may be said never to exist unless as an accompaniment of, or as a component part of, the puerperal state. That eclampsia is not a constant symptom or phenomenon of Bright's disease, or of albuminuria in the non-puerperal, cannot be denied; that convulsions, of rather a safe character than otherwise, do occasionally present in the progress of albuminuria, is true, but so seldom indeed that they are not the rule, but its exception.* Can then a disease which occurs in pregnancy and parturition, and which has accompanying it a phenomenon, which it might be said but rarely accompanies it in other conditions, have that phenomenon fairly, reasonably, and analogically set down as belonging to it; as being produced by it; as being, in short, its fruit, when such fruit is not regarded as peculiar to it under other circumstances? Or, might it not be more logical to declare that the two conditions, the fit and the albuminuria, are mere coincidents? He expressed no opinion, but only threw out these interrogatories to invite debate.

Churchill says Hamilton and Damuet first stated that puerperal convulsions were liable to be preceded by anasarca. Dr. Simpson and Dr. Lever were the first to connect this dropsy with albuminuria. Dr. Blot found albumen in the urine of 41 pregnant women, out of 205, and chiefly in primiparæ. Dr. Litzman examined the urine of 132 females, 79 during pregnancy, 80 during labor, and 80 after labor; albumen was present in 37, and absent in 95; of the 37, 26 were primiparæ. It is a fact fully established by the collected statistics, as it is patent to every practitioner of midwifery, that primiparæ are more liable to convulsions than others. Indeed, this is so far true, that there may be said to be a very great exemption in all other than the first pregnancy, to attacks of eclampsia. Of 37 cases reported by Dr. Litzman, of those whose urine contained albumen, 26, or nearly ¾ were first pregnancies. What is the connection between first pregnancies and the presence of albumen in the urine? To his mind, said Dr. N., it was clear that the compression of the emulgent arteries by the gravid uterus, pressed upon by the resisting parietes of the abdomen, is chiefly the cause of albuminuria in first pregnancies—this abdominal muscular resistance being greater in the first than all subsequent pregnancies. But the question here presents, why are primiparæ more liable to convulsions than others? Of 198 cases of convulsions reported by various authors, 159 occurred in first pregnancies; leaving the remainder of 39 only, to be accounted to other pregnancies. These figures are significant. They establish an important fact. Who will give its solution? Who will wipe away the mystery which surrounds it? Upon what does this great excess of convulsion in primiparæ depend? Can any explanation be found in the fact that the sur-nervous excitability of pregnant women spoken of by Dr. Meigs is much more exalted in first pregnancies than in others, and hence more readily disturbed by retained urea in the blood, or by the carbonate of ammonia produced by its decomposition, as declared by Frerichs and Braun, but which Dr. Hammond thinks he has disproved? or is that excitability heightened by some other cause, as disturbance of the digestive apparatus, disease of the nervous or muscular structure of the womb, cerebral congestion, labor-pains, or any of the various causes to which the convulsions have been attributed—*no one of them being the* SOLE *cause*, but A cause only of the eclampsia?

That the excitement in the nerve centers interested in the production of the phenomena of parturition, and the irritability of the uterus at the time of labor, are much greater in first accouchments than in all others, might readily be inferred. May not these conditions have much to do with the creation of the fact of the excess of eclampsia in primiparæ? That the action of or the excitement in the uterus during labor has much, very much to do in many instances in influencing the development and continuation of the fits, seems to be shadowed, if not proved: 1. By attacks of eclampsia being almost universally aggravated by the pains of labor. 2. By the fact that even when a remission of the fits has taken place, they will be renewed by the return of the pains. 3. By the fact that the expulsion of the contents of the womb is generally followed by a cessation of the convulsion, and a restoration of the patient in a short season to consciousness. So great an influence indeed has the expulsion of the fœtus in controlling the convulsion that all the authorities recommend to be practiced any or all of the various means usually had recourse to, for the purpose of dilating the os uteri, accelerating the labor, and of bringing it to a speedy close, with a view to arrest the fits. Admit then the greater degree of excitement in the uterine nerve centers, and the greater degree of irritability of the nervous and muscular structure of the uterus in primiparæ, then add to this the greater disturbance of the mental system, especially during the accouchment, and perhaps we will have fixed upon the first and great cause, the predisposing; this point gained, the next to be reached is the exciting cause or causes. That Bright's disease

* In 33 cases of Bright's disease mentioned by Dr. C. D. Meigs, there were only 5 cases of convulsions.

of the kidneys cannot be THE cause, the only cause, as Braun and Frerichs assert, would seem to be proved by Braun himself, by his report of his post-mortem examination of 12 cases of puerperal convulsion, in only 7 of which was Bright's disease found, the remaining 5 not exhibiting that disease. That Bright's disease cannot be the only cause, is further established by the examinations of Scanzoni, who declares that he was able to discover in one case only *traces* of exudative nephritis.

Pathological investigations reveal little that is satisfactory. The brain exhibits much diversity of appearance. Some cases present nothing abnormal; in others, serum has been found effused on the surface and in the ventricles. In others, we have softening. Braun says the brain is most frequently anæmic and of diminished consistence. Hyperæmia of the membranes is frequent. In the lungs, œdema is constantly found, and sometimes emphysema. In the kidneys, we have constantly one or other of the three forms of Bright's disease. Blood effused upon the surface of the brain has been regarded rather as a result than a cause; which is suggestive of treatment to prevent such effusion.

Few diseases of a non-malignant type are more fatal, as is evidenced by the mortality statistics. Churchill's table, compiled from 20 authors, shows 328 cases, with 70 deaths. Braun 45, with 15 deaths. Lee 48, deaths 16.

Nor are they less destructive to the fœtus. The liability of the child is greater in proportion to the continuance of the convulsions.

Scanzoni has seen this malady twice in the ninth month before labor-pains came on; 23 times during labor, and 3 times after delivery. This experience will most probably harmonize with that of the majority of accoucheurs.

When convulsions occur before labor, they are extremely liable to provoke it, and this liability is increased by the advanced degree of the gestation.

The most interesting part of the subject, the treatment, is next to be considered.

Except the Germans, who believe in uræmia as the only cause, nearly all recommend free and decided general and local bleedings; the emptying of the stomach if it contain ingesta; the evacuation of the bowels by enemata and brisk cathartics; cold to the head in the form of the douche and ice cap; and sinapisms and blisters to the thighs and calves of the legs. Chloroform has been advocated and condemned. Braun reports 16 cases in succession, successfully treated by chloroform and acids. He chiefly depends upon anæsthesia, and either benzoic, citric, or tartaric acid, for the purpose of exciting the kidneys to vigorous action, and the removal thus of the urea from the blood. Though thus successful on these occasions, it seems this author did not meet with a like degree of success afterward, as Krassnig reports 16 cases in 1857 and 1858 in Braun's Clinic, at Vienna, of which 9 died.

Simpson, Channing, Seyfert, and Scanzoni favor chloroform.

One of the opponents of this agent says: "Since the irruption into the quiet domain of obstetricy of the vast army of chloroformers and etherizers, there has arisen an increasing disposition to crush out all movements and tendencies to eclampsia, under the force of anæsthetics. Some regard the results as admirable and cheering. I, for my part, cannot adhere to this dogma, for I regard it but a dogmatic institution." (*Dr. C. D. Meigs.*)

Opium and ether are advocated and opposed. The former, however, is more generally commended. It is generally regarded as preferable after blood-letting and the emptying of the uterus. Braun, however, recommends the use of opium where blood-letting has not been practiced, and directs from 1 to 6 grains, or ¼ to 1 grain of acetate of morphia within six hours, and at the same time 20 to 30 drops of an anodyne injection. This he specially recommends where the chloroform and acids do not operate quickly and permanently enough, when the delivery has been effected and the fits continue. "My observations," says Braun, "completely agree with Kiwisch, Scanzoni, and others, in regard to the use of opium." He does injustice to Scanzoni by this deduction, for the latter says blood-letting, general and local, is indicated at all times when there exists a hyperæmia of the nerve centers.

A vein should be opened, when the patient is robust and plethoric, with a red face, an eye brilliant, the conjunctiva injected, the carotids beat violently, and there is fear of cerebral congestion. If the bleeding is not sufficient, he recommends the application of from 5 to 20 leeches (equal to from 25 to 100 American) to the mastoid processes, and ice to the head. Internally, narcotics, especially opium, after the expulsion of the child, if the convulsions continue; and this he advises to be pushed till profound sleep is induced. Dewees reports a fatal termination from the use of laudanum. Churchill quotes Collins in its favor. Ramsbotham cites many authorities against it, and he himself condemns it while the symptoms are urgent, and cautions practitioners in its use, even after delivery. Cazeaux declares it should be banished from the treatment. Colombat counsels reserve in its employment when there is cerebral congestion and stupor. Meigs advises it after free depletion, the evacuation of the bowels, and the application of revulsives to the limbs. He says a good dose ought to be given, as 40 drops of laudanum, or 20 of black drop, or 2 grains of the powdered opium, or 50 drops of laudanum as an injection.

The obstetric treatment is indorsed by all. It may be summed up as follows:—

Use every means to dilate the os uteri, so as to deliver. The womb should be emptied by encouraging contraction; the great indication is to empty the uterus, as this, as a general rule, is followed by very positive improvement in all the symptoms.

In conclusion, Dr. N. offered the following summary:—

1. That the nature of puerperal convulsions is yet undecided.
2. That the cause or causes are undetermined.
3. That uræmia as the *only* cause is not only doubted but denied, if not disproved.
4. That the dependence of the convulsion upon the retained urea in the blood, being by some supposed ferment converted into carbonate of ammonia, is at best but a hypothesis, whose truthfulness is strongly disproved by the experiments of Dr. W. A. Hammond; experiments precisely similar to those performed by Frerichs, upon which he reared his carbonate of ammonia doctrine.
5. That post-mortem revelations are unsatisfactory, and at best present but little that is positive in regard to the pathology of puerperal convulsions.
6. That in reference to the treatment, the almost universal testimony is in favor of reasonable depletion, general and local; that the use of chloroform and opiates as remedies are each both strongly recommended and almost as strongly denounced; and that the obstetrical treatment, the speedy and prompt emptying of the uterus is the only portion of the management of puerperal eclampsia which is universally agreed upon, as proper.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

REMARKABLE CASE OF RECOVERY FROM DROWNING.

In the *Boston Medical and Surgical Journal* for September 5th, Dr. Alfred C. Garratt reports a very interesting and remarkable case of recovery from drowning, in which Faradaism and electro-puncture were the principal agents employed. The case is well worthy of being quoted entire, but our limited space will not admit of it.

It is stated that the patient had been immersed for *twenty* or *thirty* minutes—"some verily believing it was an *hour*." The body was cold, and apparently lifeless. The stomach was emptied of water by means of a pump, artificial respiration was attempted and persevered in, and friction with hot cloths, and squeezing and kneading the muscles everywhere was simultaneously carried on by resolute and willing hands. Next, by means of a magneto-electric machine, the application of electricity was commenced with in earnest.

"The machine was put at work at greatest power. The metallic electrodes, covered for the time with bits of wet rag, were applied, the positive to the back of the neck, while the other was at first glided along over the shoulder to the side of the neck, over the pectoral, serratus, and other chest-muscles, first on the left side and then on the right; changing back and forth, say every minute, changing the direction of the current occasionally; also changing the site of the electrodes, bringing the upper or positive one to the side of the neck and over the pneumogastric nerve, then to the brachial plexus, then over the trapezius and cervical spine, back and forth, at the same time sweeping the negative along the lower third of the pectorals and about the whole waist. The current was thus used most powerfully one minute as *direct*, and the next minute as *inverse*, and this was continued for one hour."

These efforts were continued with redoubled energy, and with many variations as to the direction of the currents, for half an hour longer.

"At this juncture I resolved to resort to electro-puncture: not primary galvanic, but suitable, or at least admissible, for such a case. Long gold electro-puncture needles, well insulated except their points, four in number, and four inches in length each, were carefully inserted in quick succession, some two or three inches apart, along the front sides of the chest, two in the lower part of each pectoral, plunging them inward and downward between the fifth and sixth ribs, their whole length, thus transfixing the pectoral, intercostal, and diaphram muscles, embracing the external nerves, also the solar plexus and the phrenic nerve branches. The introduction of the needles made no visible impression, but the instant the electrodes were now removed from the skin and brought only in contact with the ball-heads of the needles, (or the coupling chain of each two,) so that the electric current actually traversed the diaphragm from the points of one pair of needles on one side to those in the other, there was produced at each contact, *i.e.* after a delay of some five seconds or so, most manifest respirations, to the infinite delight of all present, for this was the *argumentum ad hominem*."

These efforts were continued, with some variations, for another hour, during which time the sighing gradually became deeper and more like a natural inspiration.

"In the course of the next half hour the heart-beats became very apparent, and soon the pulse was found at the wrist. The respirations were now partially self-induced, and occurred even when the electrode was occasionally withheld."

From this time the current was reduced one-half, and the patient was able now to swallow a little hot brandy and water when poured into his

mouth. At the end of ten hours, "the man became sensible, could speak, see, and take nourishment."

The points of interest in this case are the length of time the man had been submerged, and the hours longer that the lungs and heart refused to respond to the powerful means employed. It is true that cases have been reported of recovery after submersion for one-half or three-quarters of an hour, but they are not well authenticated—in fact, are believed by the profession to be utterly fabulous. The longest time of submersion, after which recovery has taken place, that is well authenticated, that we now remember, is *fourteen* minutes. The case is reported in the *London Medical Gazette* for December 23d, 1842. In that case restorative means were used for eight hours before respiration was re-established. The case reported by Dr. Garratt we hope may stimulate to more thorough and prolonged efforts at restoration, in cases of apparent death from drowning, and it is probable that the persevering and skillful use of electricity may yet be found capable of saving many valuable lives, under such circumstances, that otherwise would have been lost.

Will a man live longer immersed in warm or cold water, is an interesting question. Dr. Garratt's patient was immersed in ice cold water. We have some remarks touching this subject, in the REPORTER for July 27th, and Professor W. H. Thayer, of Keene, N. H., has a very interesting article upon the treatment of asphyxia, in the April number of the *Berkshire Medical Journal.*

DIPHTHERIA.

In the *Ohio Medical and Surgical Journal* for August, our old acquaintance and friend, Dr. E. L. Plympton, of Centreville, Ohio, has an article upon diphtheria, from which we make an extract or two, and upon which we propose to base a remark. (We would say here that we did not see our friend's article where it originally appeared, but read it in the *St. Louis Medical and Surgical Journal.* The *Ohio Medical and Surgical Journal* has perseveringly refused to come to our sanctum and contribute its quota to our *summary.* In the number of the *St. Louis Med. and Surg. Journal* now before us, an article from our *summary,* in the REPORTER for July 6th, upon "Cystorrhœa *vs.* Matrimony," is copied entire, and credited to the *Ohio Med. and Surg. Journal!* Refusing to contribute to our *summary,* has the *Ohio Journal* stolen from the same and appropriated to itself, or has the *St. Louis Journal* erred in its credit?) Upon former occasions we have given our opinions upon and experience in this disease, and shall not, at present, inflict a lengthy article upon our readers, however important may be the subject.

Dr. Plympton's experience early led him to the following conclusions:—

"1st. That diphtheria is as much a blood disease as small-pox. 2d. That it should be treated with such hematic remedies as have a tendency to correct this morbid condition. 3d. That the treatment, to be effective, must be commenced either before or early in the active stage of the disease, and that it is useless to waste much time or trouble in treating the local affection of the throat. Acting upon these conclusions, I have, in every case, placed my principal reliance upon some combination of chlorine, and mainly upon the chlorate of potash, commencing usually with a mild mercurial cathartic, oftener using the hyd. c. creta than any other. To a child five years of age, I give enough of the saturated solution of the chlorate to contain three or four grains, and repeat the dose every three hours during the career of the disease; and to patients older or younger, in relative proportions. When the child is capable of gargling, I have him use one mouthful as a gargle, for the purpose of washing out the loose excretions of the throat, and then immediately swallow the prescribed dose. I have repeatedly penciled the throat with the nitrate of silver and tincture of iodine without any very satisfactory results."

In regard to removing the exudative membranes our opinions have been previously expressed; and, though we differ in this regard with most authorities, we find support in our friend's opinion. He says:—

"I can see no more philosophy in removing the membranous exudation with the expectation of mitigating or cutting short the disease, than I can in removing the pustules of variola with the expectation of safely terminating that disease. The one is as much an element of systemic disease as the other. If the diphtherial exudation be in the air-passages below the epiglottis, the caustic swab will stand a poor chance of removing it in season to save the patient; if the exudation be above, it will not be much in the way of his recovery."

This opinion is almost exactly what we have expressed on a former occasion.

At the head of all remedial agents in diphtheria, Dr. Plympton places the chlorate of potash, and he says:—

"I not only have faith in it as a *curative* remedy, but as a *prophylactic.*"

Bearing upon the subject of its prophylactic

powers, we will quote an idea from Dr. S. H. Smith, of New York. In the *American Medical Times*, for June 8th, speaking of the chlorate of potash in *typhoid fever*, he says:—

"I have settled down into the conviction that its greatest value in such cases is as a prophylactic. Given in conjunction with quinine and mild aperients, I have seen it repeatedly stave off attacks of fever during epidemics, even of 'Irish emigrant' or 'ship' fever; the premature laying aside of the medicine being followed by immediate return of the threatening symptoms, again to be dispersed by a recurrence to its use."

We are inclined to attribute the prophylactic powers of this combination largely to the quinine, yet we give the opinion of Dr. Smith as it stands. It must be admitted that there are some points of strong resemblance between typhoid fever and diphtheria.

We have used the chlorate of potash in every case of diphtheria that has come under our observation, and we must say we are not satisfied as to its curative properties. Certain are we, that we have never lost a case in which the chlorate of potash was not liberally used from the beginning. Though it may be a valuable remedy, *it is not capable of saving all cases*, even when aided and supported by other appropriate remedies.

Our readers may remember that in the Reporter for September 14th we referred to the opinions of Dr. N. E. Jones, of Circleville, Ohio, as published in the *St. Louis Medical and Surgical Journal* for May. He regards belladonna as a valuable remedy in diphtheria, and gives the following as his conclusions:—

"1st. Belladonna given to intoxication arrests membranous exudation.

"2d. Given early in the febrile stage, cures by resolution.

"3d. Causes softening and detachment of exudation in an unusually short space of time."

Upon this point, in the *St. Louis Medical and Surgical Journal* for July, Dr. E. W. White remarked:—

"Exudations are respectively euplastic, cacoplastic, or aplastic. In the case of croup, the formation may be plastic, highly fibrinous; in scarlatina, almost entirely aplastic, sero-albuminous, and tending to putrefaction. Diphtheria appears to rank between the two, the effusion being either fibrinous, when the attack is acute and sthenic, or fibro-albuminoid; or, indeed, if slow, insidious, and asthenic in its approach, the effusion may be sero-albuminoid. Now, we cannot understand how belladonna can exert any beneficial effect in such diphtheria, where all antiphlogistics or sedatives are injurious. *We need stimulants from the beginning.* If it be true that malignant diphtheria, scarlatina, and croup are blood diseases, a narcotic is certainly not indicated—alteratives are needed. *I think iodide of potassium has probably the highest claim.* It has always been used with benefit in the sloughing, mercurial sore-throat, a condition almost identical with that of diphtheritic ulceration. Mercury would be, for this reason, a bad remedy, especially after the acute stage had passed. Iron and alkalies are the great constitutional means. Diphtheria is a true blood disease, and I would use stimulants to elevate the nervous power, while I would use alteratives and tonics to cure the blood disease. It would appear, therefore, irrational empyricism to administer belladonna *'to intoxication'* in these diseases."

Of belladonna in diphtheria we cannot speak favorably; and, though the chlorate of potash may be a valuable remedy, there are many cases to which it is not adequate to the cure.

Our brother-in-law, Dr. L. V. Axtell, of Jamestown, N. Y., whose experience is quite large in this disease, speaks very highly of *arsenic* in diphtheria. In adults, he would give *Fowler's solution* in ten-drop doses, and repeat every *four* or *six* hours during the disease. He says the proportion of deaths to his whole number of cases has been greatly diminished since he commenced the administration of this remedy. He also believes that the fetor of the breath has been greatly diminished under this kind of medication. It is proper to observe that he has not neglected ordinary instrumentalities—quinine, iron, chlorate of potash, etc. have been used as heretofore.

Theoretically, we should expect benefit from it. A remedy so powerfully antiseptic, and tonic besides, should be of service in a disease so strongly septic as is diphtheria in its severer forms, as well as in some other difficulties of a similar character.

We have used the remedy in our last ten cases, and we were rapidly acquiring a favorable opinion of it, when we suddenly lost two cases, both in one day. They were, however, terrible cases, septic to the last degree, and it was probably no fault of the medicine that the patients died. In so severe a disease as diphtheria, it is not probable that a specific will be found. Dr. Axtell and his partner have great confidence in arsenic, and we certainly hope much from it. In this locality, a type of the disease has prevailed more putrid in its tendencies and rapidly gangrenous than any we have seen described in all our reading. It has been our good fortune to lose but one in

ten. In view of all the circumstances, we think this speaks well for the remedies employed. When we hear of physicians having hundreds of cases, and losing none—using only simple remedies—we know they have not seen the disease at all, or at least not in its severer forms.

Dr. White, of St. Louis, suggests the *iodide of potassium* as probably the most important alterative in diphtheria. We remember having seen the same suggestion before, but do not now call to mind by whom it was made. We have never given this article a trial in this disease, and can say nothing experimentally.

MALDIRECTION OF THE AXIS OF UTERINE CONTRACTIONS IN LABOR—RECTIFICATION OF.

In the *St. Louis Medical and Surgical Journal* for July, Dr. M. M. Pallen makes the following remarks upon the above subject:—

"Sometimes in primipara we find the neck of the womb high up and back toward the sacrum, with os but slightly dilated and the anterior lip projecting. I had a case of this kind a week ago. The plan I employ to remedy this is to pass the finger into the mouth of the womb, and gently pull it down anteriorly, thus making the head of the fœtus bear more directly upon the os uteri, which generally hastens labor. I have used this method successfully for some time, and recently saw it recommended in the *London Lancet*."

We have practiced this method for several years, and, at least on two occasions, advocated it in print. It is frequently the case that, though the pains be severe, the os uteri does not readily dilate; the uterine axis is not on a line with the pelvic strait, and hence the os does not descend or dilate readily before the force of the pains. On the contrary, the os presses against the sacrum, and the pains are resisted. Under such circumstances the labor can be much shortened, and much suffering prevented, by bringing the os forward and downward into the pelvic channel, as above described. We always do this during a pain.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 14, 1861.

THE DEATH OF SIR JOHN FORBES.

Among the many illustrious names recorded upon the pages of mortality in our own and foreign countries during the past six months, none perhaps stands out more prominent than that of Sir John Forbes, M.D., D.C.S., Oxon., England. His history covers a period which may not be inappropriately denominated as the twilight, the rising sun, the zenith of medicine, extending over more than half a century; a period during which most important discoveries have been made, and which has been characterized by remarkable progress in medical science.

Sir John Forbes was born October 18, 1787, and died November 13, 1861, in the seventy-fifth year of his age; but this brief record gives no clew to the toils and successes of his long, laborious, and useful life. In 1805 he entered Marischal College; in 1806 he spent a session at Edinburgh University, and in 1807 he entered the navy as assistant surgeon. At the end of twenty months he was promoted to be surgeon, and continued in active service until 1816. His early promotion was a reward for a report on the Meteorology of the West India Station. During the intervals of public service he returned to Edinburgh for the purpose of attending both medical and scientific lectures, and in 1817 graduated as doctor in medicine. He commenced the practice of medicine at Penzance, and at the same time devoted himself with zeal to scientific pursuits, but more particularly to the study of geology and climatology. In 1820 he was married, and in 1823 removed with his family to Chichester, where his only son (Alexander) was born in 1824, and where he had a large practice and was an active supporter of all the local charitable and literary institutions. Here he delivered two lectures before the Philosophical Society, (which were published,) and was mainly instrumental in establishing an infirmary. It was here that he meditated and launched the two great enterprises of his life, the "Cyclopedia of Practical Medicine" and the "British and Foreign Medical Review." The former was completed in 1835, and was justly characterized by himself "as marking an epoch in the medical literary history of this country." It was the first attempt at "giving to the world the actual state of our knowledge in that particular branch," medicine. The latter, after having contributed for twelve years most largely to advance the science and art of medicine, keenly and successfully combated many of the errors and abuses which had warped the judgments and opinions of medical authorities, was terminated in 1847.

In 1831 he published the first edition of Laennec's "Treatise on Auscultation and Diseases of the Chest," and first introduced the doctrines and

art of physical diagnosis into England. This method of diagnosticating pulmonary and cardiac diseases was received with contemptuous disregard by many of the physicians of England, as it was at a later period in this country; but as its advantages to practical medicine became more clear and evident, a fifth edition of the same work was required in 1838. In 1833 he published his "Original Cases Illustrating the Use of the Stethoscope, with a Translation of Auenbrugger," which gave a fresh impulse to the auscultatory art. In 1846 he published "Homœopathy, Allopathy, and Young Physic," which, on account of its "denunciations of the system of pouring in drugs, and because he fearlessly sought truth from any source, and therefore did not despise the little that could be learned from the errors of homœopathy," was unpopular with many of the profession, and raised a great outcry against him. But "he took his stand on what was needed for the elevation of the profession not for the flattery of it, hoping that the *Review* (in which this article was first published) might itself cure the evil from which it was meanwhile to suffer." He stood in the position of a reformer in medicine, a character which not in medicine alone but always elsewhere draws upon itself peculiar notoriety, not to say odium. In 1857 his "Nature and Art in the Cure of Disease" was published as a "legacy" to his "younger brethren." In this work he gives a full and systematic exposition of his medical doctrines, and brings out into complete utterance the natural history of diseases only faintly indicated by the great Sydenham. He lived to see a more enlightened method of treatment in regard to drugs prevail to some extent among the profession, and contemplated its results, no doubt, in his retirement, with feelings of unmingled satisfaction.

He was naturally somewhat skeptical, and was always ready to receive and examine any new thing which promised progress. Hence he gave a modified support to phrenology; cordially advocated abstinence from fermented liquors as a general rule; carefully considered and exposed the tricks of mesmerism, and gave to all questions of medical reform his earnest attention. The same ardent desire to promote the welfare of the profession stimulated him also to establish and advance the Sydenham Society, by which the labors of leading authors in medicine, both ancient and modern, are placed within the reach of the profession at a small comparative cost.

Nor did he limit his labors to mere professional studies. He ranged also the fields of general science and literature, and was a constant attendant upon the meetings of the Royal Society and Royal Institution, on the council and committee of which he frequently served. His "Physician's Holiday, or a Month's Tour in Switzerland," published in 1849, is pervaded by so genial and healthy a tone that the most stolid could not fail to be interested, instructed, and charmed by its perusal. Occupying a position at once influential and authoritative, it was hardly to be expected that he could pass through life without exciting animosities in divers and numerous quarters. If he had any defects or infirmities in his public life, let the narrow house, which now incloses his remains, hide them from the prying gaze.

In private life Dr. Forbes was a man to be both loved and honored, though he professed, perhaps, too little of the Christian faith. "Do as you would be done by" was the daily rule of his life, and was manifested in acts of overflowing benevolence. He sympathized with the young practitioner in his early struggles, and was ever ready to lend a helping hand to any who were struggling with penury for patronage. He took an active interest in every medical benevolent institution, and his sympathies extended even far beyond professional circles.

For the last three years the state of his health compelled him to retire altogether from practice. Symptoms of structural disease at the base of the brain, causing vertigo, imperfect consciousness of objects and places, were the commencement of the illness which finally terminated in complete paraplegia for three months before his death.

"Whatever," says the *Times and Gazette*, from which we condense the foregoing, "may be now thought of his merits, it is certain, we think, that the more his character and labors are known, the higher will his rank be in the roll of fame. Taking him in all his relations, as a scholar, at once scientific and accomplished; as a physician, deeply read, learned, and practical; as a man of his art, never wearying in his efforts to advance the social, material, and technical interests of his profession, it will not be easy to name his equal in each and all"

A MEDICAL ANNUITY FUND.

There is no class in the community in which the advantages of an annuity fund is more needed, and would be more appreciated, than in the med-

ical profession. Medical men are not particularly inclined to improvidence in anticipating the exigencies which may befall themselves or families, but there are many circumstances which often prevent them from so providing.

A lucrative professional income, from which good provision for the future could be provided, is not often secured early in life; and the professional man does not, indeed, usually commence his pursuit until a period when men in most other occupations are making for themselves a subsistence. From many causes, the pecuniary income of practitioners is precarious. The occupation is not a healthful one, and the average duration of life of medical men is shorter than that of those engaged in the other liberal professions. The average amount of income of individuals in the entire profession in this country is not such as that, with even rigid economy, permanent provision for the support of a family could be insured after, through any calamity, its source had failed.

As the community do not remunerate physicians so that they can always provide for contingencies, it remains alone for the members of the profession to unite with this object. In one of the medical societies of this city, a few years ago, a movement in favor of establishing some kind of organization by which relief could be extended to those of our brethren who, by being superannuated or by loss of health, are incapable of self-support, and to the families of those by whose death they are left to suffer from want, was made, which at the time appeared to excite some sympathy. It finally died of apathy, and since then has not been revived.

The subject, although often in our mind, has been again particularly impressed by an earnest address on it in the *British-American Medical Journal*. We are aware of the existence of but two organizations with such objects,—one is a flourishing institution, of the character of a beneficial society, in the City of Boston, the other in the City of New York.

In a number of instances, respectable but unfortunate practitioners have been compelled to appeal to individual members of the profession for immediate relief from destitution, and it is not unknown to many in the profession, that a gentleman, who was for many years a practitioner in this city, who is bowed with infirmities and wears the frosted crown of age, is now an inmate of the Philadelphia Almshouse.

The address above alluded to, says:—

"It has been my painful lot, during a long professional career, to see the dying moments of more than one generous and noble-minded professional brother, who had sacrificed his life in the service of suffering humanity, embittered by the agonizing reflection that the wife of his bosom and a beloved and helpless family would be left to the neglect and pity of a cold, calculating world."

A project for an annuity fund needs but a start by those in whom the profession have confidence, to gain a general approbation and support. Wealth is very unequally divided among practitioners, and those who, in their plenitude, are blessed with a philanthropic spirit, would soon create a substantial basis for a fund, from which their unfortunate brethren could be relieved. The powerful though silent influence of the profession on the public could also be brought to bear toward increasing such a fund. The present time, so illustrative of the precariousness of human pursuits, would not be inappropriate for the founding of an institution of the character proposed.

EDITORIAL NOTES AND COMMENTS.

Announcement.—We are pleased to announce that arrangements are now completed by which the REPORTER will hereafter be issued regularly and promptly. The delays and irregularities which have attended its publication heretofore have been exceedingly annoying to ourselves, as we know they have been to subscribers. With the present number the name of the long and well-known publishing house of J. B. Lippincott & Co. appears upon the REPORTER as printers, which will be a full guarantee for promptness and regularity in its publication. We congratulate ourselves and subscribers upon the change. This arrangement involves no change in the well-known principles upon which the REPORTER has heretofore been conducted.

In this week's REPORTER we commence the publication of two important articles, both of which will run through several numbers. The first is an article from Dr. Geo. K. Smith of New York, on *Intra-capsular Fractures of the Femur*, which will prove to be a most valuable contribution to surgical science. Several wood-cuts will illustrate it. The second is a full report of Lectures (illustrated) now in progress of delivery at the Brooklyn Surgical Institute, by Dr. Louis Bauer, which, as a new theme for a course of

lectures, will attract the attention of the profession. These articles will form an excellent point at which to commence subscriptions.

Dr. Marion Sims in Paris.—This excellent surgeon has lately performed several successful operations for vesico-vaginal fistula, in presence of the leading members of the faculty of Paris: one at the Hôpital La Charité, for that eminent obstetrician and surgeon, M. Velpeau, another a private patient of M. Nélaton. The latter was an interesting young woman of twenty-two years of age, the daughter of a countess of the old *régime* of France, who, during the act of parturition, suffered one of those terrible accidents (which, happily, seldom occur) by which the walls of the vagina were so far destroyed that reparation was declared impossible by the best surgeons of Paris. When Dr. Sims first saw her, he, too, thought the case hopeless, but subsequent visits, and after making many drawings and calculations, the operation was finally decided upon as possible and practicable. The operation was a tedious and delicate one, but was completely successful. During its progress she came very near dying from the effects of the chloroform, which she insisted upon taking. For an hour the operation was arrested by efforts to bring back the life which seemed to have fled forever, and it was only by the intelligent and persevering efforts of M. Nélaton, who directed them, that a fatal result was prevented. The plan he followed being somewhat unique, we give in detail. It consisted in throwing the head down and the feet in the air, at an angle of about forty-five degrees. By this maneuver, the brain and heart, with an increased quantity receive an increased amount of stimulus from the blood, and life is preserved until the volatile poison has spent its force and is dissipated. While the body was thus held, frictions and artificial respiration were resorted to, a piece of cork was placed between the teeth, and, when necessary, the tongue held from the mouth by means of a hook.

Podophyllin as a Substitute for Mercury.—This article, the active principle of the *podophyllum peltatum, May apple*, or *mandrake*, is just now coming into notice among our transatlantic neighbors, as a substitute for mercury. The suggestion of its use came, however, it is said, from an American oculist, who, in 1854, when about to leave the English shores, placed his daughters under the care of a celebrated physician, and gave the latter a bottle of this remedy, which he requested should be prescribed instead of mercury, whenever a mercurial was required in their case. Following this suggestion, the physician has used it continually since, and thus speaks of its administration and effects. If given in quarter-grain doses, twice a day, combined with opium, to check its aperient action, and continued for a few days, profuse salivation will occur, with, however, [no?] fetor of breath, or ulceration of gums. This, however, rapidly subsides on discontinuing the medicine. It is very slow in its action, often ten or twelve hours, but in the following combination induces one or two copious stools, attended with the sensation of the bowels having been thoroughly emptied, and without tenesmus:—

℞.—Podophyllin, gr. j;
Pulv. Rhei, gr. ix;
" Capsici, gr. ij. M.
Ft. pil. iij. S. one or two.

This for an ordinary aperient. Its action on the liver, if given in small doses, may be as much relied on as mercury, while the effects upon the system generally are, by far, less injurious.

An Indian Remedy for Variola.—This disease is the special plague of the Indians. When it breaks out among them it sweeps over their encamping grounds like the fire of the prairies, destroying all of human kind in its path. On one occasion, among the Indians near the City of Halifax, Nova Scotia, whole families were carried off by its ravages. After a time, however, the pestilence was stayed, and it was asserted that an old, weird Indian woman possessed a remedy, which would speedily and effectually cure any who were attacked with it, and that, coming into the camp, she had administered the preparation with infallible effect in every case. In the case of an individual suspected to be under the influence of the disease, but with no distinct eruption, a large wineglassful of the infusion of the root of the "*sarracinia purpurea*," or pitcher plant, is to be taken. This brings out the eruption. A second or third dose, given at intervals of four or six hours, causes the pustules to subside, apparently losing their vitality. The patient feels better at once, and, to use the graphic expression of the "Micmac," "knows there is a great change within him at once." If the patient be already covered with the eruption, in the early stage, a dose

or two will dissipate the pustules, and subdue the febrile symptoms. The urine, from being scanty and high colored, becomes pale and abundant; while, from the first dose, the feelings of the patient assure him that the "medicine is killing the disease." In three or four days the prominent symptoms of constitutional disturbance subside, and no marks of the eruption are left upon the skin. In the camps, when the remedy is used, a weak infusion of the plant is taken as a preventive, "to keep the antidote in the blood." So important is the knowledge of this plant thus obtained considered to be, that its anti-varioloid properties are to be tested in England. And it is most assuredly worthy the attention of the profession in this country. Vaccination is not infallibly certain as a preventive, and we have, as yet, no remedy which will cut short the ravages of the disease, or prevent it from leaving indelible marks upon all who are attacked with it.

Correspondence.

BOSTON CORRESPONDENCE.

Boston, *December 5th*, 1861.

The Suffolk District Medical Society, or that portion of the members of the Massachusetts Medical Society who reside in the County of Suffolk, has a very agreeable feature in its regulations—of combining with its monthly meetings, three or four times during the winter, a social entertainment, at which, after the discussion of various matters of professional and general interest, the fellows present go from labor to refreshment in the most approved manner. This practice has been in vogue for the past four or five years, and experience so far is entirely in its favor. Not only are the meetings better attended, but the sociality of the occasion tends to bring into closer acquaintance the members from various parts of the county, and in this way helps to do away with much of that professional jealousy and indifference to each other which very naturally prevails more or less where all are to a certain extent strangers to the majority of their professional brethren. Greetings are exchanged over a dish of hot oysters, and introduction takes place with the offer of a cup of smoking Mocha, and old friendships suffer not the least from the coolness imbibed in a modicum of ice cream. Whether this be a Boston notion, I know not; but that it is a very good notion, whoever originated it, I am ready to add my testimony and vote. The last meeting of the association was one of this kind, and there was a very general attendance of the members. There were a variety of subjects discussed in the meeting for business. The effect of tobacco in patients subject to hemoptysis was mentioned, and two or three cases instanced in which it appeared to act beneficially. A discussion upon the effect of this article upon the system generally ensued. Nothing new, however, was elicited, and indeed it is difficult to imagine any other result, when we remember the variety and extent of the numerous blasts and counterblasts that from time to time have been printed upon the subject. There was also a free interchange of opinion upon the proper course to pursue when a member of the society was called to perform surgical or obstetrical operations in families at the time under homœopathic jurisdiction. There was but one opinion as to the propriety of consultations with the men of the latter school, but on the part of some there appeared to be an opinion that in cases where the attending homœopathic physician could not carry the case to a successful termination, and additional help, or tact, or talent, or whatever you please to term it, was needed, there was no impropriety in any of the regulars taking up the job and the pay too. But, inasmuch as the whole subject was postponed for further consideration to another meeting, it would be premature to discuss the matter here. It is to be hoped, however, that the good sense of the profession will prompt to some course of united action, which will at the same time protect their own interests and serve the community at large.

Something is out of joint with the distributing arrangements of the Reporter in Boston. The numbers do not usually reach subscribers till nearly, and sometimes more than a week after their date of publication. Can't this be remedied?

Trimount.

NEW YORK CORRESPONDENCE.

Non ut diu vivamus curandum est, sed ut satis.—Seneca.

At the last meeting of the New York Academy of Medicine, Dr. George T. Elliot opened the discussion relative to Professor Barker's eminently interesting essay on Anesthesia, etc. etc. Dr. Elliot went into the subject con amore, and gave forth to the members the result of a wide

experience in the lying-in room. The use of chloroform, especially when the case demanded the application of forceps, was strenuously urged and proven by a statement of incontrovertible facts. Dr. Barker's "Paper" was indorsed to the fullest extent, and the substance of the remarks made that evening was more surely to establish what had been said. The perusal of this production would repay any physician, and render more clear, in the minds of rural practitioners, the necessity of becoming familiar with ether and chloroform as agents of more assistance during the latter stages of labor than any three medical lights of surpassing effulgence. Dr. Griscom followed with additional information of practical purport. Dr. A. K. Gardner next stated his experience, which differed only slightly from the remarks of the preceding speakers. Another discussion will take place at the next meeting.

There is residing in this metropolis of busy minds a triplex man whose mental attributes are of the very highest order. Modest and unassuming, his lamp of learning burns, yet with the clearest luster, in the deep recesses of sequestered meditation and profoundest study. Ere the birth of many suns, his merits will be brought before the world, and, what can never fail to prove of lasting import, recognized by tardiest panphobiars.

Professor John Ordronaux, a learned lawyer, well read doctor and philosopher, of soundest ethics, is now lecturing before the law school of Columbia College, on that all-important branch of study designated Medical Jurisprudence. The perspicacity of his style is only to be equaled by the fullness of his data. While he quotes from ripest minds and cites the cases of the deepest interest, he reasons with the clearness of a crystal thought and dignifies the subject by the force of purest language. Each lecture forms a succinct and comprehensive treatment of a certain principle on trial; and, at the close of his apportioned hour, more aphorisms of a practical importance are condensed within a lucid space than may be found in the pages of the learned writers of the past. A free admittance is accorded those of the profession medical. And if good counsel might be given by one citizen to others, I would say, physicians, visit this recorder of the essence of law, and, after the consideration of some of those important stand-points that you may be called upon at any moment to defend, my word for it a second, fifth, and twentieth renewal would repay your presence and improve your tone of mind.

Professor Ordronaux has also written a book for the benefit of soldiers, entitled "Hints on the Preservation of Health in Armies," etc. New York: D. Appleton & Co. The best proof of its utility and kind reception is that not one copy can be purchased of the publishers, as the whole edition is exhausted. The main features in this product of an able man are—firstly, a freedom from any ambiguity of expression. The result of exposure is at once exhibited to the careless officer; while, on the other hand, he is instructed in all the necessary details of a camp existence as enforced by an obedience to the laws of self-preservation and economy of strength. Secondly, the matter is placed before the mind's eye in permanent shape. The best, readiest, and simplest method of keeping warm, avoiding an undue severity of dampening influences, and, above all, the judicious preparation of the food that forms not only muscles, bone, and blood, but all the nervous energy that stamps the hero and betrays no weakness. And, thirdly, by a careful reading of its pages, one is struck with the best use of the experience of European armies. Their sad failures are briefly exposed to view: their invaluable statistics are recorded, and the reasoning of uncommon common sense is brought to bear upon the safest method of indoctrinating all commissioned officers with the sure principles of innate health.

At a meeting of the Sanitary Association last Thursday evening, after the election of the officers for the ensuing year, Professor Ordronaux related his experience, while abroad, concerning hospitals, camps, and other hygienic regulations of no small moment to Americans, for the past year the dupes of base corruption and an all-deficient system of street cleaning. May the city fathers, who have for the last twelve months presided over our lives, be the subjects of as filthy minds as the back-handed contracts which gave — to our own existence, and a mighty + to their long pockets. Dr. Bell, of Brooklyn, then read an able and interesting paper on Vaccination, which combined the history and importance of it in the various conditions of a city's progress. It will be printed, and then read by many.

GOURMET.

NEWS AND MISCELLANY.

Egyptian Desert Sanitarium.—We notice, in the *Dublin Medical Press*, the advertisement of an establishment with the above title. It is said to be situated in the desert near Cairo, surrounded with grounds for exercise, and possesses other conveniences as a residence for invalids suffering with pulmonary complaints, who are said to be benefited by the pure air of the desert.

The Dublin Medical Press says that "the American army surgeons seem better than ours, judging by the contrast between Bull Run and the Crimea."

Death from Polysarcia.—The *Buffalo Medical and Surgical Journal* reports a death from polysarcia in the Utica City Hospital. The patient was a colored man, a cook, aged forty-one years. His height was five and a half feet, and weight *three hundred and fifty pounds.* His circumference was four feet ten inches. For fourteen years he had been obliged to be clothed in female apparel. The autopsy showed two inches of fat on the sternum and three inches on the abdomen. His breasts were as large as those of any female. The lungs were sound but very small; the left lung weighed twelve and a half ounces. The heart was large, weighing twenty-four ounces, but perfectly sound. The liver weighed five pounds. The kidneys each weighed twelve ounces. The spleen was small. The penis and testicles were not larger than they are usually found in boys of seven or eight years of age; the scrotum was one and a half inches thick.

Reduction in Cost of Medical Periodicals.—The proprietors of the London *Medical Times and Gazette* have decided to reduce the price of that journal, in consequence of the repeal of the paper duty. The reduction commences January 1, 1862.

Dr. Adams has been appointed surgeon-in-ordinary to the Queen in Ireland. The *Times* says there is no other living Irishman who has done more for surgical science.

The Hospital at Fortress Monroe.—Two hundred and eighty patients are now in this finely-arranged hospital, of whom one hundred are convalescent. But few of them are critical cases, upwards of one hundred being sick with measles. Of three hundred and fifty-five cases treated during November, thirteen deaths occurred, viz.: from typhoid fever, (which now seems to be staying its course,) eight; from inflammation of the brain, two; from gangrene of lungs, one; from consumption, one; from measles and inflammation of lungs, one. The officers of the hospital are: Brigade Surgeon, Reed B. Bontecou, in chief charge; Assistant Surgeons Joseph S. Smith and Charles B. White, U. S. A.

The editor of the Cincinnati Medical and Surgical News is preparing a list of *living* medical journals. We predict the list will not cover twenty pages of foolscap, nor a page of that journal, and we sincerely question whether he will be able to get beyond the digits in his compilation.

MARRIED.

BROOKS—BEERS.—In Fairfield, Conn., on Tuesday, Dec. 10, by Rev. Rufus Emery, Daniel Brooks, M.D., of Brooklyn, N. Y., and Mary, daughter of Capt. Abel Beers, of the former place.

HOEHLING—RUDDUCK.—On the 21st Oct., by the Rev. Dr. Peter Van Pelt, Dr. Adolph A. Hoehling, United States Navy, to Miss Annie T. Rudduc ., fourth daughter of William Rudduck, all of Philadelphia.

OSBORNE—PYLE.—On the 7th instant, in this city, by Friends' ceremony, in the presence of Aldermen Thompson and Martin, Wm. Osborne, M.D., to Mary H. Pyle, of Chester County.

DIED.

PARCH.—In Hinesburgh, Vt., Dec. 9th, Dr. T. Parch, aged 71 years.

Answers to Correspondents.

Vaccine Virus.—Our supply of vaccine matter is exhausted; but the demand is increasing. A response from those who have received a supply from us, will enable us to respond to the requests of others.

Dr. J. W. B., Ill.—The REPORTER for one year, and Physician's Hand-Book of Practice for 1862, will be sent to your address for $3 60, paid previous to January, 1862. The Hand-Book contains, in addition to the practical part, a Visiting List for some thirty patients, and sells at retail for $1 25 per copy. Subscribers to the REPORTER get the book, therefore, for less than half what it will cost them if they buy it at the book stores. Or we will send you the REPORTER and "Physician's Visiting List" for twenty-five patients, the retail price of which is 75 cents, for $3 40, paid within the same time. These terms are exceedingly liberal, and we hope will induce you not only to subscribe for the REPORTER yourself, but to commend it to others. tf.

B. M.—We have seen two cases of chronic camp diarrhœa which, to all previous treatment, were intractable, entirely cured by arsenic. Fowler's solution, five drops four times a day, was given.

S. D.—The best suggestion which we have seen for preventing instruments from rusting, is to apply on them a solution of white wax in benzine. The benzine evaporates, leaving an exceedingly thin coating of wax, which is a perfect protection. If it be desired to remove the wax, it can readily be done by heating the instrument so as to melt the wax, and then wiping it off.

J. E. G.—Sylvester's method of restoring suspended animation consists in simply laying the patient on his back, and having pulled the tongue forward, draw the arms slowly up over the head, by which means the ribs are elevated by the pectoral muscles, and inspiration is produced; the arms are then to be brought down to the side of the chest, which they are to compress in a slight degree. These movements are to be repeated as slowly as in the Marshall Hall method.

W. J., Waltham, Mass.—The "Gastroscope" has not been introduced into this country. The locality of the instrument alluded to was Paris, and it is probable that it will not be introduced here until we have a "*stomach man*" among us. This will perhaps not occur until the "*uterus men*," now flourishing, have had their day.

Communications Received.

Indiana—Dr. W. P. Welborn, with encl. *Maine*—Drs. J. H. Jewett, C. T. Trafton, each with encl. *Massachusetts*—Dr. Marshall Calkins; Drs. T. Cutter, M. W. Kidder, D. B. Gage, John

Stow, each with encl.; Wm. F. Tewlon. *Michigan*—Dr. Chas. T. Southworth. *New Hampshire*—Drs. E. B. Hammond, O. A. Woodbury, C. H. Horch, C. H. Shackford, F. T. Tuttle, D. Drury, E. Jenness, A. H. Varney, Warner & Farrington, E. C. Dow, each with encl. *New Jersey*—Dr. A. A. Howell, with encl.; Dr. E. L. B. Wales, comn.; Dr. F. A. Cutter, Dr. Geo. F. Fort; Dr. J. B. Somers, with encl. *New York*—Dr. O. C. Gibbs, Dr. S. W. Francis (2), W. A. Townsend, Dr. W. S. Cooper, Dr. W. V. White, Dr. S. D. Willard; Dr. W. F. Underwood, with encl.; Dr. C. P. Chamberlain, with encl.; Dr. L. Bauer, Dr. J. A. Monell, Dr. Jno. Burk; Dr. C. Washburn, with encl.; Dr. C. S. Hurlbut, with encl.; Dr. J. W. Barr, Dr. W. Akin; Drs. F. G. Pettijean, S. S. Fitch, A. Lewis, J. Vankleeck, J. McCuen Smith, R. S. Olmstead, B. Haran, C. Smith, Chas. Cones, R. Blakelock, F. H. Bangs, Geo. Wilkes, J. H. Hinton, J. F. Chauveau, Geo. H. Tucker, G. Dieffenbach and Bro., R. Goodale, E. W. Chapman, J. A. Williams, T. S. Rider, G. H. Taylor, J. K. Vanderveer, Peter Van Buren, each with encl. *Ohio*—Dr. W. M. Lyon, with encl.; Dr. J. W. Thompson, Dr. H. P. Kay, with encl.; Dr. S. C. Franks, with encl.; Dr. S. H. Farrington, with encl.; Dr W. G. Minteer. *Pennsylvania*—Drs. U. F. Ritter, H. West, A. L. Alstead, G. R. Hurst, J. H. Fager, D. W. Bashore, J. R. Amberger, W. Graydon, Lewis Heck, J. Swartz, J. M. B. Jackson, F. Sorg, P. L. Greenleaf, J. B. Sterrett, James Frew, John P. Lewis, each with encl.; Dr. R. B. Mowry, with encl.; Dr. Jno. H. Fager, Dr. D. Gamble, Dr. A. P. Dutcher, Dr. J. W. Thompson. with encl. *Rhode Island*—Dr. L. A. Martin, with encl. *Wisconsin*—Dr. C. L. Stoddard.

Office Payments.—Mr. Helmold, (adv.); Drs. J. S. Carter, Jewell, Van Dyke, Mann, Jackson; Mr. Kolbe, (adv.)

Vital Statistics.

OF PHILADELPHIA, for the week ending Dec. 7, 1861:

Deaths—Males, 109; females, 131; boys, 64; girls, 71. Total, 240. Adults, 105; children, 135. Under two years of age, 74. Natives, 184; Foreign, 46. People of color, 10.

Among the causes of death, we notice—Apoplexy, 5; convulsions, 8; croup, 7; cholera infantum, 0; cholera morbus, 0; consumption, 9; diphtheria, 7; diarrhœa and dysentery, 3; dropsy of head, 6; debility, 23; scarlet fever, 16; typhus and typhoid fever, 9; inflammation of brain, 2; of bowels, 3; of lungs, 26; bronchitis, 1; congestion of brain, 3; of lungs, 2; erysipelas, 0; hooping-cough, 0; marasmus, 2; small-pox, 10.

For week ending December 8, 1860.....213
" " December 7, 1861.....240

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2367.

OF BOSTON, for the week ending Nov. 30, 1861:

Deaths—Males, 36; females, 49. Total, 85. Natives, 55; Foreign, 30.

Among the causes of death, we notice—Phthisis, 24; cholera infantum, 0; croup, 1; scarlet fever, 0; pneumonia, 6; variola, 0; dysentery, 0; typhus fever, 1; diphtheria, 0; hooping-cough, 3; convulsions, 1.

Population of Boston, 1860, 177,902. Average corrected to increased population, 83.9.

OF NEW YORK, for the week ending Dec. 2, 1861:

Deaths—Males, 170; females, 162; boys, 101; girls, 81. Total, 332. Adults, 150; children, 182. Under two years of age, 110. Natives, 213; Foreign, 119; Colored, 1.

Among the causes of death, we notice—Apoplexy, 5; infantile convulsions, 15; croup, 9; diphtheria, 10; scarlet fever, 25; typhus and typhoid fevers, 8; cholera infantum, 0; cholera morbus, 0; consumption, 51; small-pox, 5; dropsy of head, 12; infantile marasmus, 20; diarrhœa and dysentery, 0; inflammation of brain, 7; of bowels, 13; of lungs, 22; bronchitis, 13; congestion of brain, 7; of lungs, 0; erysipelas, 2; hooping-cough, 4; measles, 2. 175 deaths occurred from acute disease, and 29 from violent causes.

Population of New York, 814,277. Mortality, 1 in 2327.

Medical Directory.

PENNSYLVANIA HOSPITAL, Eighth, below Spruce. Entrance on Eighth Street.

Medical Clinic on Wednesdays and Saturdays, at 10 A.M., by Dr. Gerhard.

Surgical do., at 11 A.M., by Dr. Geo. W. Norris.

MEDICAL LIBRARY OF THE PENNSYLVANIA HOSPITAL.—Open on Wednesdays and Saturdays.

PHILADELPHIA HOSPITAL.—Medical Clinic on Wednesdays and Saturdays, at 9½ A.M., by Dr. J. L. Ludlow.

Surgical Clinic on Wednesdays and Saturdays, at 10½ A.M., by Dr. D. H. Agnew.

WILLS HOSPITAL FOR THE EYE AND LIMB.—Clinics, Wednesdays and Saturdays, at 11 A.M., by Dr. William Hunt.

HOWARD HOSPITAL, Lombard Street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P.M. Monday and Thursday—Dr. Turnbull, at 1 P.M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P.M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Judson, at 1; and Dr. Morehouse, at 5 P.M. Monday and Thursday—Dr. Meigs, at 5 P.M. Tuesday and Friday—Dr. Atkinson, at 3½ P.M.

JEFFERSON MEDICAL COLLEGE, Tenth, above Walnut.

Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.

Surgical do., at 1 P.M., by Dr. S. D. Gross.

UNIVERSITY OF PENNSYLVANIA, Ninth, below Market.

Surgical Clinic on Wednesdays and Saturdays, at 1 P.M., by Prof. Smith.

Dispensary Service every afternoon at 3 P.M., by Drs. Dunton and Hodge.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY, 528 Arch Street.—Clinical Lectures daily, (except Sunday,) from 2 to 4 P.M., by Dr. Goodwillie.

PHILADELPHIA LYING-IN CHARITY.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning, at 9 o'clock, by Dr. Edwin Scholfield.

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Sixty-First Session, 1862.

CORYDON L. FORD, M.D., Professor of Anatomy.

ADRIAN T. WOODWARD, M.D., Professor of Obstetrics and Diseases of Women and Children.

GEORGE HADLEY, M.D., Professor of Chemistry.

WILLIAM P. SEYMOUR, M.D., Professor of Materia Medica and Therapeutics.

E. K. SANBORN, M.D., Professor of Surgery.

P. D. BRADFORD, M.D., Professor of Physiology and Pathology.

P. PINEO, M.D., Professor of Medical Jurisprudence.

CHARLES L. ALLEN, M.D., Professor of Theory and Practice of Medicine.

The Annual Course of Lectures will commence on the last Thursday of February, and continue four months.

Fees.—For a full Course of Lectures, $50.00; Matriculation Ticket, $5.00; Graduation Fee, $16.00.

Dissecting Classes will be formed in January and February and during the term.

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CHARLES L. ALLEN, *Dean.*

Castleton, Vermont, Dec. 10th, 1861. 269—3m

THE

MEDICAL AND SURGICAL REPORTER.

Whole Series, Nos. 270, 271. | PHILA., DECEMBER 21, 28, 1861. | New Series, Vol. VII. Nos. 12, 13.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

By Louis Bauer, M.D., M.R.C.S., Eng.,
Professor of Anatomy and Clinical Surgery, etc.

INTRODUCTORY LECTURE.

All individual efforts of other practitioners have signally failed in this direction. Their professional pride did not allow them to call upon the public for support, and professional encouragement and favor were withheld. Hence orthopædic surgery has as yet acquired no status, and is certainly no common property of the American profession.

The term "orthopædic," first used by Andry, has been generally accepted for that subdivision of the healing art which considers the deformities of the human frame, their prevention, causes, and treatment. The etymology of the term is derived from ὀρθὸς, straight, παιδεύω, to educate.

Orthopædy does not include, however, all deformities, especially those of a mere transient nature; as, for instance, the deformities connected with fractures and dislocations. The malposition of the eyeball (strabismus) has been properly transferred to ophthalmology. Defects and distortions of the integuments, and their relief, form another subdivision under the appellation of plastic surgery, and so on. Thus orthopædy is strictly limited to the more permanent and not rarely congenital deformities of the skeleton and the locomotive apparatus. These deformities originate more or less spontaneously, either on account of morbid changes and actions of the nervous system, or vitiated nutrition, (rachitis.) It should, however, be borne in mind that descriptive definitions are rarely perfect, and that discrepancies must necessarily arise from an artificial grouping of diseases. Thus, for instance, the deformities caused by the cicatrices of burns, in the neighborhood of articulations, have been drawn into the orthopædic domain, simply because they most usually demand mechanical appliances to overcome their prejudicial effects.

With but few exceptions, almost all deformities of the body are of a *consecutive* character; the bones act merely as passive agents in following the traction of the muscles. The latter, in their turn, are subservient to the nervous system, reflecting all the morbid changes that may take place in that sphere. If, however, a deformity has become firmly established, and has lasted for some time, both bones and muscles undergo more or less permanent changes in form and texture, and the difficulty may ultimately become irremediable. The ligaments are, by virtue of their structure and function, not as often implicated in deformities, as bones and muscles. Sometimes they are compromised in the formation of the sclerotic tissues at the articulations; in paralysis they seem to become relaxed, and therefore facilitate an undue mobility of their respective joints. But a contraction of ligaments is a physiological impossibility. Their dimension is regulated by elasticity. Now they may lose that elasticity by structural changes; they may become elongated by loss of elastic fibers and excess of fat. It can, however, not be conceived how they can become shortened by any other process than sclerosis, and this presupposes local inflammation.

A most fertile source of deformities is the diseases of joints. Not so much from displacements, anchylosis, or cicatrices, as from permanent contraction of muscles. There is scarcely an articular affection that is not more or less complicated with muscular contractions, and consequently with deformity, mostly of permanent duration. The true pathological nature of these muscular contractions has only of late been recognized,

and its indirect connection with the morbid process in the joint traced to *the reflex action of the spinal cord.* It is not our province to enter largely into an investigation of this most interesting phenomenon, which is so intimately connected with diseases of joints. But having taken an active part in its pathological investigation, a brief digression will be the more justifiable, as there are still practitioners who dispute these views.

Whenever a patient is attacked with an articular disease of some violence, one of the most prominent symptoms is *attenuation of the extremity.* This symptom you will meet with in *nine cases out of ten,* and it is too strongly marked to escape attention.

In the commencement of the articular disease, the attenuation is, of course, less than in its advanced stage. In some cases the circumference of the limb is diminished one-fourth, and even as much as a third part. The waste of the member is not confined to the adipose tissue, but extends likewise to the muscles.

The next symptom in the same direction is the *general coolness* of the member, whereas the affected joint most usually exceeds the ordinary temperature of the body.

Next, *a peculiar pain* sets in, which is indeed widely different from that painful soreness that belongs to the inflamed tissues themselves, and which increases and diminishes with the progressive or regressive phases of the morbid process.

That pain is *periodic, intermittent,* and *nocturnal;* it seems to be independent of external causes; it appears with *the rapidity of lightning,* and passes away with the same quickness, lasting hardly long enough *to rouse the patient thoroughly* from his slumber, and is to all appearance *most intense,* judging from the shrieks the patient utters. That pain is indeed very characteristic of articular diseases. The physician meets but rare opportunities to witness its immediate manifestations, occurring, as they do, always during the night. But once heard, they can never be forgotten.

It is certainly as reliable for the diagnosis as the *peculiar tone in croup,* or the cries of a parturient woman in the third stage of labor. Having had numerous patients under our own roof so afflicted, we have had ample opportunities to observe and study that symptom.

At last, *muscular contractions* begin to show themselves, and thus culminate in *a series of reflex actions* of the spinal cord, in the sensitive motor and nutritive spheres of that organ.

Strange to say, the truth of these observations has been disputed with persistent obstinacy. The most trivial and superficial theories have been more readily accepted, even at this present day, than an explanation which is based on both clinical experience and physiological facts.

The attenuation of the limb was said to be the result of *long-continued rest,* and the muscular contraction as *the product of volition.* The absurdity of such an interpretation of two positive symptoms is self-evident. Local attenuation is, without exception, *the consequence of disturbed nervous action,* and invariably *greater* when the innervation is *morbidly increased* than when it is *diminished* or even extinct. These are stubborn facts, readily verified by comparing *completely paralyzed limbs* with those in a state of *reflected* muscular contraction.

As to the latter themselves, we shall find ample occasions to satisfy your minds that they are morbid products, *beyond the will and control of the patient;* nay, more, we shall be able to show that in cases of long standing, as already remarked, they become a *structural disease,* entirely independent of its direct and indirect causes. Nothing can more effectually illustrate the position we have assumed, in this question, than to place a patient thus affected under the influence of chloroform. You will find that the most profound anæsthesia is unable to relax the tenseness of the contracted muscles, and that the knife is the only remedy left. To speak in the face of so demonstrative an *argumentum ad hominem* is simply absurd.

You will now readily understand why articular diseases are so fertile a source of orthopædic material, and why you can extend your practical utility far beyond the ordinary limits of medical efficacy, by paying close attention to the subject under consideration.

At this place we feel solicitous to inculcate a practical axiom, which you may adopt with great advantage in the treatment of articular diseases. Resort to *extension* in all *incipient contraction* of muscles depending on that cause; but beware of it in advanced cases, for you will not only fail in accomplishing anything good, but you may even risk the increase or reproduction of the original disease from which such contractions originated.

Notwithstanding the great advancement in

physiology, we have, as yet, to learn the detailed laws of reflex action.

We are informed that reflex motion is invariably instigated by sensation, while it is positively denied that by the excitation of motor nerves, the sensitive fibers can be acted on. Facts, however, to the direct contrary, and hereafter to be adduced, stare us in the face, and allow of no denial.

Another observation in neuro-pathology is not fully comprehensible, viz., the continuance of reflected muscular contraction *beyond the termination of the pre-existing cause.* This refers both to the lesions of the joints and central diseases of the nervous system, and thus opens a wide field for attractive physiological investigation. In some instances the change of structure may account for the permanency of the contraction. But in recent cases that interpretation is not plausible.

In motor paralysis we frequently meet with contractions of single muscles, or entire groups. To all appearance, both the paralysis and the contractions emanate from the same pathological source, though differing, perhaps, in the time of their commencement. Often paralysis and contraction set in simultaneously. Sometimes the former precedes the latter by months and years, or the subsequently contracted muscles may have been previously paralyzed.

Pure reflex contraction occurs only in *healthy muscular structure.* The coincidence of paralysis and contraction is a very interesting phenomenon, and its proximate cause has greatly puzzled pathologists. The difficulties are, however, more apparent than real. Physiology discloses the means by which we may penetrate the mystery. Remember that all muscles subservient to our will are endowed with two different sets of nervous fibers. The one descending from the brain, conveying the impulses of volition; the other originating in the ganglionic structure of the spinal cord. The excito-motor innervation of the latter is, by far, the more powerful. Thus it happens that in spinal palsy the will may still prompt a muscle to a feeble action, and in cerebral paralysis contractions of muscles may take place by centrifugal or centripetal excitation.

Muscles that have lost all their excitability, and upon which the galvanic current can produce no effect, are totally incapable of contraction, either transient or permanent.

We have observed a goodly number of cases that fully bear out the proffered explanation, but consider it hardly necessary to narrate them on this occasion.

Whatever may be the cause of tonic muscular contractions, whether they be of shorter or longer duration, they are scarcely susceptible to any other remedy than the knife. This seems rather strange, that symptoms should perpetuate their existence beyond the exciting cause, yet the numerous facts in proof are so indisputable as to allow of no doubt.

Whether the contraction be perpetuated by nutritive changes of the muscular structure, preventing relaxations, as, for instance, by sclerotic tissue, changes not as yet sufficiently investigated or determined, is a question too subtle for a premature answer. At any rate, the structural explanation would fail to satisfy our mind in recent cases, unless nutrition is, indeed, more rapid in the contracted muscular structure than we have reason to believe. The idea is therefore suggested, that the interested nerves themselves participate materially in the perverted nutrition, or a habit of action is set up, determining the duration of the contraction, as is certainly the case in clonic spasm.

Respecting congenital deformities from contracted muscles, we can admit no other pathological laws than in acquired ones. The hypothesis advanced by Cruveilhier, that the position of the fœtus in utero had something to do with the former, seems to us untenable, in as far as the muscles are concerned.

Paralysis may give rise, in different ways, to deformities: First, the joints lose their firmness and support, by the relaxation of their muscles and ligaments, bending in the direction to which their surfaces may incline. This state implies complete motor paralysis, and constitutes *passive deformity.* Secondly, but one muscular group may be paralyzed, and its antagonists retain more or less power, and draw the joint to their side.

That paralysis of motion and sensation, or of either, greatly interferes with nutrition of the member, we have already adverted to. It is, however, evident to our mind that diminution of maintenance is by far more marked in palsy emanating from the spinal cord than from the brain. The difference is purely anatomical on account of the spinal nerves receiving a greater complement of fibers, from the great sympathetic system governing the organic functions.

In proportion to the sluggish nutrition in para-

lyzed parts of the body, stands the repair. All structural disturbances manifest a degree of venous hyperæmia, and a great tendency to sloughing. *A true, active inflammation scarcely ever takes place in paralyzed extremities*, which is but an analogue of the fact that *inflammation is never observed in the lower species of animals with an imperfect nervous system.*

In the catalogue of general causes productive of deformities, to the *disturbance of the center of gravity* of the body has been assigned a prominent place. We shall occupy your attention in giving the subject a general consideration.

To the diligent and instructive experiments of Prof. Weber we owe the accurate knowledge of the mechanical laws engrafted upon the construction of the human frame and its locomotion.

First Experiment.—Place a board upon a wooden prism, and balance it accurately. Then place a well man horizontally upon it; you will then perceive that if both man and board are accurately balanced, the fibro-cartilaginous articulation of the last lumbar vertebra with the sacrum bone will rest upon the prism. (*Fig.* 1.)

Fig. 1.

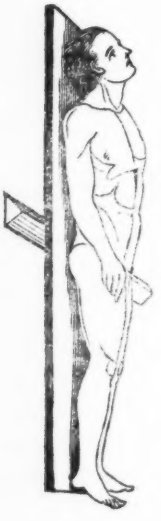
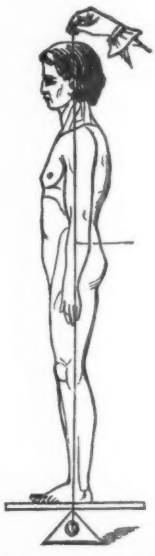


Fig. 2.



Second Experiment.—Place a man vertically upon a balanced board on a prism, as exemplified in *Fig.* 2, and drop a plummet line laterally from above the head to the superior angle of the prism; you thus divide the body into an anterior and posterior half; and in the same way, the occipito-atloid, sacro-vertebral, shoulder, hip, knee, and tibio-tarsal articulations.

Third Experiment.—Balance a man on the prism, so that his mesian line becomes continuous with the angle of the prism, and drop the plummet line on his back; the result will be that the line divides the body into two halves, a right and a left one, and at the same time the sacro-vertebral articulation.

It follows, therefore, that at the center of that articulation the center of gravity of the body is located.

Anything tending to increase or diminish the weight of either side of the body will inevitably throw it out of its perpendicular. Thus, the loss of one of the extremities will disturb the center of gravity. The enlargement of one of the internal organs, more especially the liver; the distention of one of the pleural sacs with fluid, or a tumor of some size on one side of the mesian line, would have the same physical effect. Inasmuch as the like causes are of a more transitory existence, and the body is in a condition to allow the change of posture, their influence upon the frame will be a temporary distortion only; if, indeed, it could be called so, and vice versa. We know patients who, for half a century, have suffered from declivity of the pelvis, on account of shortness and malposition of one of the lower extremities, and their spine is consequently thrown out of the perpendicular. In fact, if they assume the erect posture or gait, their vertebral column presents the lateral sigmoid form. Yet if they sit down, and their pelvis rests equally upon the seat, the spine becomes perfectly straight. You perceive, therefore, that the change of position counterbalances physical defects, and prevents permanent distortions of the frame.

From these facts, and numerous others which might be adduced, it follows, conclusively, that the simple mechanical derangement of the center of gravity can alone effect no permanent consecutive deformities; and that another pathological element has to come into play.

Some orthopædic surgeons, and more especially the late Dr. Buehring, of Berlin, deduce the pre-existing cause adverted to from two sources: 1st. From the *natural* deviation of the spine from its perpendicular toward the right of the mesian line. 2d. From *constitutional debility and inefficient nutrition* at certain periods of life.

With reference to the former, we have to say that the assertion is correct, in point of fact. Numerous measurements of the spinal column in healthy and otherwise well-formed persons with the plummet line, instituted by Buehring, ourselves, and others, have clearly demonstrated such a deviation, however trifling. And the fact that by far the largest proportion of lateral curvatures of the spine occur toward the right, obviously strengthens the position of Buehring.

Whether that deviation is the result of the exceptional exercise of the right arm, or whether the unequal weight upon the spine by symmetry of the internal organs, increased by the diagonally acting heart, the spine is thus hammered out, as Buehring presumes, we are not as yet prepared to determine.

In reference to the second cause, we sincerely believe it to be the most prominent in the establishment of lateral curvature. In its behalf speaks clinical observation. Five-sixths of all deformities of this class occur in girls, and at the time of their change in life, when their system is somewhat deranged; when the uterine function has not as yet become well regulated; when the blood is impoverished, or even hydræmic; and when, consequently, their nutrition is insufficient. In the rugged and robust daughters of the poorer classes, lateral curvature is but rarely seen. Among the physically neglected young ladies that deformity is widely diffused. We mean not to say that other causes are not productive of the same effect, yet this we are sure of, that debility of the constitution is the most general one.

Idiopathic deformities, that is to say, deformities of a strictly local character, are few in number and rare in occurrence. The most prominent are those from burns in the neighborhood of joints.

Next we have to mention the inflammation of muscles, with subsequent *progressive* alteration of their texture, or, which has been termed by Duchenne and Remak, *progressive paralysis*. This disease implies two pathological elements: *change of structure* and *loss of tonicity*. The transversely striated muscular fibers gradually disappear, and sclerotic tissue is substituted in their place, or fatty degeneration ensues. In the one, shortening of the muscular belly and deformity is the inevitable result. In the other, the muscle is, to all intents and purposes, extinct. Fortunately, the disease is altogether rare, but few legitimate cases having been recorded. We have never had an opportunity of personally observing one.

It has been maintained that the disease may gradually invade the entire muscular system, and successively disqualify it for its physiological office, and that the uninterrupted galvanic current is the sovereign remedy. We have no personal experience on this topic, and have therefore to refer you to the respective works of Duchenne and Remak.

The preceding remarks on the causes of deformities have been purposely of a general nature. We did not intend, for the sake of completeness, to put forth things which are fully known to every practitioner, nor to enter upon causes which we have to touch upon again under the special heads of our subject.

At this point we desire to lay before you the plan we intend to pursue. The orthopædic specialty embraces subjects of mere formal connection. System cannot well be observed in the course of these lectures. We shall therefore follow the topographic order, with the exception of deformities originating in rachitis, and these will be considered under a common head.

Deformities have been divided—

1st. As to the time of their commencement:

a. Hereditary.

b. Congenital.

c. Acquired.

2d. As to their origin:

a. Primitive.

b. Consecutive.

3d. As to the system principally involved:

a. Deformities radiating from the nervous system.

b. From vitiated nutrition.

c. From the muscular system.

4th. As to seat:

a. Deformities of the extremities.

b. Deformities of the trunk, with their respective topographic subdivisions.

To be continued.

Dr. Griswold, Surgeon to the 38th Regiment New York Volunteers, died in Charleston, S. C., on the 30th ultimo.

Promotion in the Volunteer Medical Department.—The Surgeon-General of the State of New York has issued the following order:—

"Whenever the position of surgeon becomes vacant, it will be filled by *promotion* from the corps of assistants. The effect will be, that whoever enters service must do so as assistant surgeon."

COMMUNICATIONS.

The Insertion of the Capsular Ligament of the Hip-Joint, and its Relation to Intra-Capsular Fracture of the Neck of the Femur.

By Geo. K. Smith, M.D.,

Demonstrator of Anatomy in the Long Island College Hospital, Brooklyn, New York.

The following is a table showing the insertion of the normal capsule in sixty-one specimens, accurate measurements of which have been taken. Different methods have been adopted in order to arrive at a definite knowledge of the insertion of the capsule. The entire hip-joint has, in many instances, been removed, and its capsule either distended with air, by the blow-pipe, or injected with plaster of Paris, and then allowed to dry before measurements were taken. Other specimens have, in the recent state, been measured after the disarticulation of the joint. For the opportunity of measuring many of these specimens, I am indebted to the kindness of my friend Charles J. Seymour, a student of the New York "University Medical College," who obtained the specimens and kept them for me till I could measure them.

The results obtained by the injection of the capsule with plaster were more satisfactory than those in which it was distended with air; for, after the plaster had hardened, I was enabled to dissect up the external fibers of the capsule, which have their insertion into the anterior inter-trochanteric line, and leave that portion of the capsule which is reflected upward on the neck, forming its periosteum; thus showing the extent of the cavity lined by the synovial membrane, and illustrating the fact that a fracture of the neck may, in some instances, be extra-capsular and yet be situated some distance within the anterior inter-trochanteric line. (See figure 1.) The capsule being much thinner on the posterior surface of the neck than on the anterior, requires no dissection to show the extent of its cavity after it is filled with the plaster injection.

I have in my possession a large collection of specimens showing the insertion of the normal capsule, but few of which are represented by the engravings. Many more might be given, if it were necessary. Those of which delineations are given illustrate very well the facts which all unite to prove. The drawings from which the engravings were copied are accurate representations of the specimens, taken by my friend Constantin Herzberg, a distinguished artist now teaching at the Cooper Union in the City of New York, also at the Polytechnic Institute of this city. The points from which measurements were taken in making out the following table may be seen in figures 3 and 4. The length of the neck was obtained by measuring from the points given in the inter-trochanteric lines to those situated on the corona or cartilaginous edge of the head. The insertion of the capsule was ascertained by measuring: first, from the points in the inter-trochanteric lines to the insertion of the capsule in the direction of the axis of the neck; and second, from the points on the corona to capsular insertion.

	Length of the neck, showing on its anterior surface the distance from A to B, and C to D, respectively; also showing in like manner on the posterior and inferior surfaces of the neck, the distances from A to B, C to D, and E to F. (See figs. 3 and 4.)	Distances from the inter-trochanteric lines to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points A and C, respectively; and those on the posterior surface were taken in the same order from the points A, C, and E. (See figs. 3 and 4.)	Distances from the corona or cartilaginous edge of the head, to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points B and D, respectively; and those on the posterior surface were taken from the points B, D, and F, in the same order. (See figs. 3 and 4.)
No. 1	Anterior.....1¼.....1½	¼..... ½	1 1
	Posterior.....2 .....2½.....2½	1⅛.....1½.....1¾	⅛..... ¾..... ¾
" 2	Anterior.....1¼.....1¾	⅛..... ½	1⅛.....1¼
	Posterior.....1½.....1⅞.....1⅞	⅜.....1 .....1¼	⅜..... ⅝..... ⅝
" 3 & 4	Anterior.....1 .....1¼	⅛..... ½	⅛.....
	Posterior.....1½.....1¾.....1⅞	⅜.....1 .....1⅛	1⅛..... ¼..... ¾
	Anterior.....1 .....1¼	⅛..... ½	⅛.....
	Posterior.....1½.....1¾.....1⅞	⅜.....1 .....1⅛	1⅜..... ¼..... ¾
" 5 & 6	Anterior..... ⅞.....1¼	⅛..... ½	⅛.....1
	Posterior.....1½.....1⅝.....1⅞	⅜.....1 .....1½	1⅛..... ⅝..... ⅜
	Anterior..... ⅞..... ⅞	⅛..... ½	⅛.....1
	Posterior.....1½.....1⅝..... 1⅞	⅜.....1 .....1½	1⅛..... ⅝..... ⅜

Length of the neck, showing on its anterior surface the distances from A to B, and C to D, respectively; also showing in like manner on the posterior and inferior surfaces of the neck, the distances from A to B, C to D, and E to F. (See figs. 3 and 4.)				Distances from the inter-trochanteric lines to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points A and C, respectively; and those on the posterior surface were taken in the same order from the points A, C, and E. (See figs. 3 and 4.)			Distances from the corona or cartilaginous edge of the head, to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points B and D, respectively; and those on the posterior surface were taken from the points B, D, and F, in the same order. (See figs. 3 and 4.)		
No. 7 & 8	Anterior	1½	1¾	⅛	¼		1⅜	1¾	
	Posterior	1¾	2	1	1¼	1½	¾	1	
	Anterior	1½	1¾	⅛	¼		1⅜	1¾	
	Posterior	1¾	2	1	1¼	1½	¾	1	
" 9 & 10	Anterior	1	1¼	⅛	¼		⅝	¾	
	Posterior	1⅜	1⅝	¾	1	1	⅝	⅝	⅝
	Anterior	1	1¼	⅛	½		⅝	¾	
	Posterior	1⅜	1⅝	¾	1	1	⅝	⅝	⅝
" 11 & 12	Anterior	1⅛	1½	⅛	⅜		1	1⅛	
	Posterior	1¼	1½	½	⅜	1	¾	⅝	½
	Anterior	1⅛	1½	⅛	⅜		1	1⅛	
	Posterior	1¼	1½	½	⅜	1	¾	⅝	½
" 13 & 14	Anterior	1⅛	1¾	⅛	¼		1	1¼	
	Posterior	1½	2	1	1½	1¼	½	¾	¾
	Anterior	1⅛	1¾	⅛	¼		1	1¼	
	Posterior	1½	2	1	1½	1¼	½	¾	¾
" 15 & 16	Anterior	⅞	1½	⅛	⅜		½	¾	
	Posterior	1⅜	1½	¾	⅞	1	½	⅞	⅞
	Anterior	⅞	1½	⅛	⅜		½	¾	
	Posterior	1⅜	1½	¾	⅞	1	½	⅞	⅞
" 17 & 18	Anterior	1¼	1½	⅛	¼		⅝	⅞	
	Posterior	1⅜	1½	¾	⅞	1	⅝	⅝	⅝
	Anterior	1¼	1½	⅛	¼		⅝	⅞	
	Posterior	1⅜	1½	¾	⅞	1	⅝	⅝	⅝
" 19 & 20	Anterior	1¼	1¾	⅛	¼		1⅛	1¼	
	Posterior	1½	1¾	1	1⅛	1	1	1⅛	1
	Anterior	1¼	1¾	⅛	¼		1⅛	1¼	
	Posterior	1½	1¾	1	1⅛	1	1	1⅛	1
" 21	Anterior	1½	1¾	⅛	¼		1⅜	1¼	
	Posterior	1½	2	⅞	1⅛	1¼	⅞	⅞	⅞
" 22	Anterior	1½	1¾	⅛	¼		1⅜	1¼	
	Posterior	1½	2	⅞	1⅛	1¼	⅞	⅞	⅞
" 23 & 24	Anterior	1⅛	1⅝	⅛	½		1	1⅛	
	Posterior	2	2⅛	1	1⅜	1⅝	1	1	1
	Anterior	1⅛	1⅝	⅛	½		1	1⅛	
	Posterior	2	2⅛	1	1⅜	1⅝	1	1	1
" 25	Anterior	1 1/16	1½	1/16	⅛		1/16	⅛	
	Posterior	1½	1⅝	½	⅝	⅞	1	1	1
" 26	Anterior	1½	1¾	⅛	½		1⅛	1⅛	
	Posterior	1¼	1½	¾	1		¾	¾	¾
" 27	Anterior	1	1¾	⅛	¼		⅛	1	
	Posterior	1½	1¾	1¼	1¾	2¼	½	⅝	½
" 28 & 29	Anterior	1⅛	1½	⅛	¼		⅛	1	
	Posterior	1½	1¾	1	1¼		¾	¾	¾
	Anterior	1⅛	1½	⅛	½		⅛	1	
	Posterior	1½	1¾	1	1¼		¾	¾	¾
" 30 & 31	Anterior	1⅛	1½	⅛	¼		1	1	
	Posterior	1⅜	1⅝	¾	1⅛	1½	⅝	⅝	½
	Anterior	1⅛	1½	⅛	¼		1	1	
	Posterior	1⅜	1⅝	¾	1⅛	1½	⅝	⅝	½
" 32 & 33	Anterior	1½	1¾	⅛	¼		1⅛	1⅛	
	Posterior	1½	1⅝	¾	1	1⅛	⅝	⅝	⅝
	Anterior	1½	1¾	⅛	¼		1⅛	1⅛	
	Posterior	1½	1⅝	¾	1	1⅛	⅝	⅝	⅝
" 34 & 35	Anterior	1	1¾	⅛	½		⅛	¾	
	Posterior	1½	1¾	1	1	1	¾	¾	¾
	Anterior	1	1¾	⅛	½		⅛	¾	
	Posterior	1½	1¾	1	1	1	½	¾	¾

Length of the neck, showing on its anterior surface the distances from A to B, and C to D, respectively; also showing in like manner on the posterior and inferior surfaces of the neck, the distances from A to B, C to D, and E to F. (See figs. 3 and 4.)	Distances from the inter-trochanteric lines to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points A and C, respectively; and those on the posterior surface were taken in the same order from the points A, C, and E. (See figs. 3 and 4.)	Distances from the corona or cartilaginous edge of the head, to the insertion of the capsule. The measurements on the anterior surface of the neck were taken from the points B and D, respectively; and those on the posterior surface were taken from the points B, D, and F, in the same order. (See figs. 3 and 4.)
No. 36 Anterior.....1 1/2.....2	1/2.....3/4	1.....1 1/4
Posterior.....1 3/4.....1 1/2.....1 7/8	1/2.....1.....1 1/4	7/8.....3/4.....5/8
" 37 Anterior.....1.....1 3/4	1/2.....5/8	7/8.....1 1/4
Posterior.....1 3/4.....1 5/8.....1 5/8	1.....1.....1 1/16	3/4.....5/8.....1/2
" 38 Anterior.....1 1/4.....1 3/8	1/2.....1/2	1.....5/8
Posterior.....1 1/2.....1 1/2.....1 5/8	3/4.....1.....1	3/4.....3/4.....5/8
" 39 Anterior.....1 1/8.....1 1/2	1/2.....1/2	1.....3/4
Posterior.....1 1/4.....1 5/8.....1 7/8	3/4.....1.....1 1/8	1/2.....5/8.....3/4
" 40 Anterior.....1 1/4.....1 1/2	1/2.....5/8	5/8.....1
Posterior.....1 1/4.....1 1/2.....1 7/8	3/4.....7/8.....1	1/2.....5/8.....7/8
" 41 Anterior.....1 1/2.....2	1/2.....1/2	1/2.....1 1/2
Posterior.....1 3/8.....1 5/8.....2	1/2.....7/8.....1 1/4	7/8.....3/4.....3/4
" 42 & 43 Anterior.....1 1/4.....1 3/4	1/4.....1/2	1.....1 1/4
Posterior.....1 1/4.....1 1/2.....1 3/4	1.....3/4.....1 1/4	1/4.....3/4.....1/2
Anterior.....1 1/4.....1 3/4	1/4.....1/2	1.....1 1/4
Posterior.....1 1/4.....1 1/2.....1 3/4	1.....3/4.....1 1/4	1/4.....3/4.....1/2
" 44 & 45 Anterior.....1 3/8.....1 7/8	1/2.....1/4	1 1/4.....1 3/8
Posterior.....1 1/2.....1 5/8.....1 3/4	1/2.....1.....1 1/8	3/4.....5/8.....5/8
Anterior.....1 3/8.....1 5/8	1/2.....1/4	1 1/4.....1 3/8
Posterior.....1 1/2.....1 5/8.....1 3/4	1/2.....1.....1 1/8	3/4.....5/8.....5/8
" 46 & 47 Anterior.....7/8.....1 1/2	1/2.....3/8	5/8.....1 1/2
Posterior.....1 3/8.....1 1/2.....1 3/4	3/4.....7/8.....1 1/4	3/4.....3/4.....1/2
Anterior.....7/8.....1 1/2	1/2.....3/8	5/8.....1 1/2
Posterior.....1 3/8.....1 1/2.....1 3/4	3/4.....7/8.....1 1/4	3/4.....3/4.....1/2
" 48 & 49 Anterior.....1 1/4.....1 3/8	1/2.....3/8	1 1/8.....1
Posterior.....1 1/4.....1 1/2.....1 5/8	3/4.....1/2.....1	1/2.....5/8.....5/8
Anterior.....1 1/2.....1 3/8	1/2.....3/8	1 1/8.....1
Posterior.....1 1/4.....1 1/2.....1 5/8	3/4.....7/8.....1	1/2.....5/8.....5/8
" 50 & 51 Anterior.....1.....2	1/2.....3/8	1/2.....1 3/8
Posterior.....1 5/8.....1 3/4.....1 7/8	1/2.....3/4.....1	1 1/8.....1.....7/8
Anterior.....1.....2	1/2.....3/8	3/4.....1 3/8
Posterior.....1 5/8.....1 3/4.....1 7/8	1/2.....3/4.....1	1 1/8.....1.....7/8
" 52 & 53 Anterior.....1.....2	1/2.....3/8	7/8.....1 3/8
Posterior.....1 5/8.....2.....2 1/8	3/4.....1.....1 1/2	1/2.....1.....5/8
Anterior.....1.....2	1/2.....5/8	7/8.....1 3/8
Posterior.....1 5/8.....2.....2 1/8	3/4.....1.....1 1/2	1/2.....1.....5/8
" 54 & 55 Anterior.....1.....2	1/2.....1/4	7/8.....1 1/2
Posterior.....1 1/2.....1 3/4.....1 3/4	3/4.....3/4.....1	3/4.....1.....3/4
Anterior.....1.....2	1/2.....1/4	7/8.....1 1/2
Posterior.....1 1/2.....1 3/4.....1 3/4	3/4.....3/4.....1	3/4.....1.....3/4
" 56 & 57 Anterior.....1.....2	1/2.....1/2	1/2.....1 1/2
Posterior.....1 1/2.....1 3/4.....2	3/4.....1.....1 1/4	3/4.....3/4.....3/4
Anterior.....1.....2	1/2.....1/2	1/2.....1 1/2
Posterior.....1 1/2.....1 3/4.....2	3/4.....1.....1 1/4	3/4.....3/4.....3/4
" 58 & 59 Anterior.....3/4.....1 1/2	1/2.....1/2	1/2.....1 1/2
Posterior.....1 1/4.....1 3/4.....2	1/2.....3/4.....1 1/2	3/4.....1.....1/2
Anterior.....3/4.....1 1/2	1/2.....1/2	1/2.....1 1/2
Posterior.....1 1/4.....1 3/4.....2	1/2.....3/4.....1 1/2	3/4.....1.....1/2
" 60 & 61 Anterior.....1 1/2.....2	1/2.....1/2	1 1/4.....1 1/2
Posterior.....1 3/8.....1 5/8.....1 3/4	3/8.....3/4.....1 1/4	3/4.....5/8.....1/2
Anterior.....1 1/2.....2	1/2.....1/2	1 1/4.....1 1/2
Posterior.....1 3/8.....1 5/8.....1 3/4	3/8.....3/4.....1 1/4	3/4.....5/8.....1/2

The following engravings exhibit the insertion of the capsular ligament in its normal state. The specimens which they represent were prepared by removing the entire joint from the subject and injecting the capsule with plaster of Paris. After the plaster had hardened, a trans-

verse section of the capsule was made near the edge of the cotyloid cavity, leaving the capsule attached to the neck of the bone to show its insertion. The exact location of capsular insertion, in each of the following specimens, may be found by referring to the table.

Figure 1 represents the anterior view of specimen number 1. A A exhibit the superficial

FIG. 1.

fibers of the capsule dissected loose from the deeper fibers, and reflected outward to show their insertion into the anterior inter-trochanteric line. B represents the deeper fibers of the capsule which are reflected upward on the neck, limiting the extent of the cavity lined by the synovial membrane. C is a space internal to the inter-trochanteric line, through which a fracture may occur, and yet be extra-capsular according to the following definition of an intra-capsular fracture given by Malgaigne.

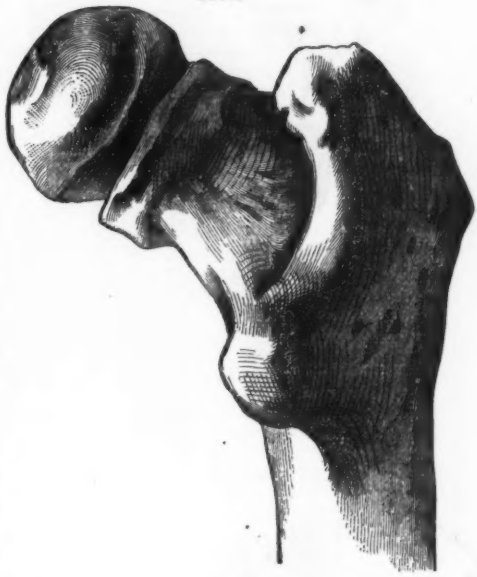
"This name is given to fractures dividing the cervix within the limits of the synovial membrane, so that if this membrane were divided at the same level, the fracture would communicate at once with the joint."*

Figure 2 is a view of the posterior surface of specimen number 1, showing the insertion of its capsular ligaments.

* Malgaigne on Fractures. American edition, p. 530.

Figure 3, anterior view of specimen number 2. The dark ridge represents the anterior inter-trochanteric line. The external fibers of the capsule which have their insertion into the inter-trochanteric line have been removed by dissection, leaving that portion of the capsule which, by its reflection upward on the neck, limits the extent of the cavity of the joint.

FIG. 2.



The points indicated by the letters A B C and D, figure 3, are those from which the measurements on the anterior surface of the neck were taken in making out the preceding table. A is situated in the center of the inter-trochanteric line, at the base of the great trochanter. B is on the cartilaginous edge of the head. C is in the center of the inter-trochanteric line at the point at which the line crosses the internal angle of the shaft of the bone; and D is on the cartilaginous edge of the head. The length of the neck, on its anterior surface, was obtained by measuring—1st, from A to B; and 2d, from C to D, figure 3. The location of capsular insertion was determined by measuring—1st, from the points A and C, to insertion of capsule; and 2d, from B and D to capsular insertion.

Figure 4 exhibits the points from which measurements were taken on the posterior surface of the bone. A is situated in the center of the posterior inter-trochanteric line, at the base of the

Fig. 3.

Fig. 4.

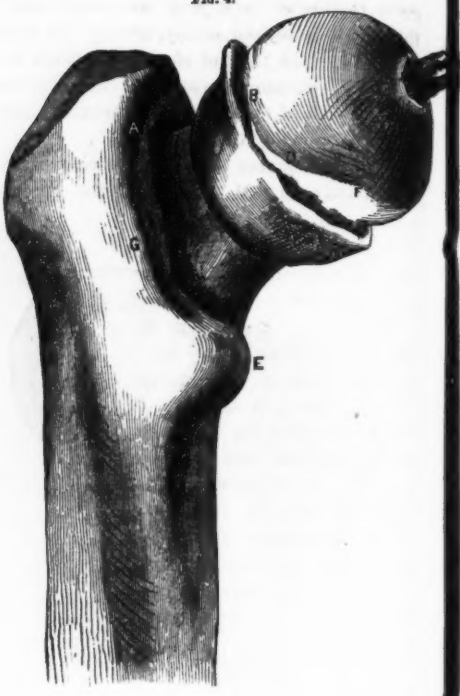


Fig. 5.

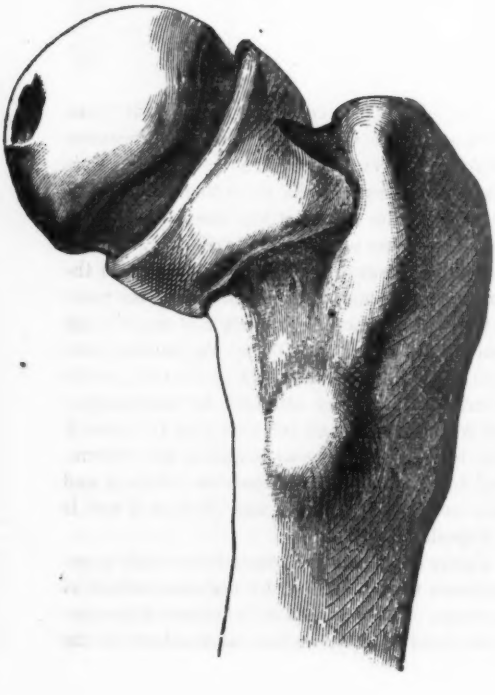


Fig. 6.

great trochanter; and B is on the corona cartilaginous edge of the head. C is in the center of the line midway between the point A and the apex of the trochanter minor; and D is on the corona. E is at the center of the apex of the trochanter minor; and F is on the corona. From these points measurements were taken in the same manner as that described for figure 3.

Figures 5 and 6 represent the posterior surfaces of specimens 3 and 4, which are the opposite femurs of the same subject. It will be observed that the insertion of the capsular ligament of one of these specimens is exactly the same as that of the other, illustrating the fact shown in the table, that the normal capsules of the opposite femurs of the same subject are identical in their insertion.

Figure 7, posterior view of specimen number 5, exhibits the capsular ligament entire, and filled with plaster of Paris. A represents the opening in the acetabular fragment through which the injection was made to distend the capsule. Specimen number 5 is the mate of specimen number 6, which, though not represented in the plates, has the same insertion for its capsule. (See table.)

FIG. 7.

Operation for False Cartilage in the Knee-Joint by Free Incision.

BY DR. L. M. LYON,
Assistant-Surgeon, U.S.N.

John Fowler, aged forty-two, a working-man in the humbler walks of life, had suffered at intervals of four or five months, for fifteen or twenty years, with attacks of synovitis in the knee-joint, occasioned by the presence in the joint of what was discovered to be a movable cartilage. This body, however, chiefly inconvenienced the patient in walking, when it would frequently slide under the tendon of the rectus muscle, and throw him violently to the ground. These circumstances, as well as the constant uneasiness of the patient, decided him to have the body taken out, notwithstanding that the dangers and risks of the operation were duly represented to him. The operation was performed, Dr. J. L. Atkinson assisting, on Sunday, November 10th. The patient being quite tractable, the precaution of Simpson, viz., of keeping the leg extended for some days to accustom the patient to the posture, was neglected. I decided to make the incision on the external side of the joint instead of on top, inside of the rectus tendon, as advised by Cooper, believing it to be better to open the joint in that locality, which would allow of a free discharge of blood, or of pus, in case suppuration should intervene. The cartilage was found to be about the size and roughness of a walnut, inclosed in a sac, which bled moderately, and part of which was excised. It was easily detached by means of a tenaculum, and the synovia mixed with blood was allowed to flow out; the wound was then tightly drawn together, and cold applications were ordered to be

kept constantly on the limb. Union took place by the first intention, and at this time, ten days from the date of the operation, the patient is walking about his room.

A Historical Sketch of the Dance of St. Vitus, with Notices of some Kindred Disorders.

By James J. Levick, M.D.,

One of the Physicians of the Pennsylvania Hospital.

Having recently had occasion to consult some authorities on the subject of chorea, the writer was induced to investigate, more closely than he ever before had done, the early history of this strange disorder. The result of these investigations was the acquisition of information to him of a novel and instructive character, a brief resumé of which, it has occurred to him, might not prove uninteresting to the readers of this journal. Of course such a paper can lay no claim to originality, and it is offered to those merely who, from various causes, may not have access to the sources from which the facts it contains are derived. In justice to himself, however, the writer must state that without exception, unless otherwise indicated, the authorities referred to are quoted from the original communications, as found in the printed works of their authors, or in the journals of the day.

Few persons, who derive their impressions of St. Vitus's dance from the comparatively isolated cases which now present themselves, would suspect that this disease is but the feeble descendant of a powerful epidemic influence which, at one time, numbered its victims by thousands, which overspread the great countries of Europe, and which, after a triumphant career of centuries, was at last but imperfectly vanquished when the combined forces of Church and of State were brought to bear upon it.

Over what had long been the obscure history of this strange disorder a flood of light has recently been thrown by the researches of the distinguished German professor, J. F. C. Hecker, in his classical work, "The Epidemics of the Middle Ages."

Fully to appreciate this history, we must bear in mind that the adoption of the Christian faith, on the continent of Europe, was much mixed up with the idolatrous observances of that which had preceded it. A religion which came from its Divine Author as pure as the driven snow, scarcely had touched the soil of Europe before it became defiled with the mire of pagan superstition. As the temple of Jupiter, with its altars for heathen sacrifices, became dedicated to the worship of the true God, so, on the other hand, the rites and ceremonies which had celebrated the festal days of the pagan deities became transferred, in measure, to those of the Christian saints.

The reader of classical literature will readily recall to his memory the *lustration*, or sacrifice of purification, by which the Romans averted disease, freed themselves from crime, and their houses from impurity, and he will not fail to recognize its analogue in the ceremonies with which the people of the Low Countries were accustomed to celebrate the worship of St. John the Baptist; on whose day it was the custom to kindle large bonfires with bones, horns, and other rubbish, while around the crackling flames crowds of persons of all ages were dancing as if possessed, and through the flames men, women, and children jumped, and were thus protected, for a whole year, from fevers and other diseases.* This mode of celebrating St. John's day was by no means confined to the countries we have referred to. Thus we find that a similar observance of the day prevailed in Syria and in Constantinople, while we are told by the historian already quoted, that the Germans transferred to the festival of St. John's day "an ancient heathen usage, the kindling of the Nodfyr, and the belief subsists to this day, that people and animals that have passed through these flames, or their smoke, are protected for a whole year from fevers and other diseases, as if by a kind of baptism by fire." Madden,† a recent writer on this subject, states that even within his memory the festival of St. John, and the eve of it, were solemnized by bonfires, leaping through the flames, by patterns at holy wells dedicated to the saints, by music, and by dancing.

These practices, which at first were religious ceremonies of ephemeral duration, in the course of time, from the extent to which they were carried, became fearful, persistent disorders, affecting great numbers of people, and producing consequences of the most distressing kind. That such should have been the result need not sur-

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* See the Epidemics of the Middle Ages. From the German of J. F. C. Hecker, M.D., etc. Translated by B. G. Babbington, M.D., etc. London, 1846. Sydenham Soc. Coll.

† Phantasmata, or Illusions and Fanaticisms, etc. By R. R. Madden, F.R.S., etc. London, 1857, p. 407, vol. i.

prise us, when we learn what were the physical and mental conditions of those who became the victims. The fatal pestilence known as the Black Death, or Plague,* by which, in the brief space of a few years, twenty-five millions of people perished, had just subsided; calamities of the most fearful character prevailed: great floods had devastated the country, driving the wretched inhabitants from their homes in the midst of an inclement season. The semi-civilized feudal lords were constantly engaged in predatory incursions upon their weaker neighbors, despoiling men of their property, women of their virtue, and rendering insecure all that makes life desirable. As if to confirm the apprehensions, which then existed, of an approaching destruction of the world, the walls of the ancient City of Cologne had, to a great extent, fallen down. Thus, with pestilence, pillage, and poverty upon them, it is no wonder that the frantic celebration of St. John's day only served to bring to a crisis a malady which had long been impending.

While the wild revels of St. John's day were without doubt the immediate exciting cause of the disorder we are considering, there were other causes than those we have mentioned which predisposed to its development. As early as the year 400 of our era, the practice of *self-flagellation* as an atonement for sin appears to have prevailed to some extent among Christians, derived, no doubt, from the tradition of similar modes of penance which had existed among their pagan ancestors. This relic of barbarism seems to have met with varying favor from the date mentioned, as it had the approval or condemnation of the church: thus it appears to have prevailed to a considerable extent in Italy about the year A.D. 1260, but it was not until the middle of the fourteenth century (1349) that it received a fresh impulse, doubtless from the morbid feelings which the fearful pestilence then prevailing had engendered.

At that time, we are told by Hecker, an awful sense of contrition seized Christians of every communion; they resolved to forsake their vices, to make restitution for past offenses before they were summoned hence; to seek reconciliation with their Maker, and to avert, by self-chastisement, the punishment due to their former sins. From other sources* we learn that these feelings produced the sect of Flagellants, who are described as "penitent fanatics and hypochondriacs (*atrabiliares*) who flogged themselves unmercifully, and who attributed to this flagellation more of virtue than to the sacraments, in effacing sin." This "Brotherhood of the Flagellants," or, as they were also called, the Brethren of the Cross, took upon themselves the repentance of the people for the sins they had committed, and offered prayers for the averting of the plague. At first chiefly composed of the lower class,† they were soon joined "by many nobles and ecclesiastics," and at one time such was the popular enthusiasm that they numbered 10,000 in their ranks. They marched through cities in well-organized processions, with leaders and singers, their heads covered as far as their eyes, their looks fixed on the ground.‡ Their dress consisted of a black garment with a red cross on the back, another on the breast, and a third on the cap. Tapers and beautiful banners of velvet and gold were borne before them wherever they went in bodies, and each Flagellant carried a scourge with three lashes, each one tied in knots, into which were inserted pieces of pointed iron. They did penance twice a day, morning and evening, going abroad in pairs, singing psalms, and on arriving at the place of flagellation they stripped the upper part of their bodies, put off their shoes, and applied the scourges with such violence that blood flowed from their wounds.§ This strange delusion, which, when at its height, numbered its followers to such an extent that, in the language of the German professor, they "presented the appearance of a wandering tribe," did not for a long time lose its hold on its slaves. Even now its prominent dogma is not without advocates, and so late as 1843, Madden tells us, the Flagellant processions, merged into those of the Penitents,

*In A brief History of Epidemics and Pestilential Diseases, by Noah Webster, London, 1800, vol. i. p. 217, it is stated that this plague was so deadly that at least half or two-thirds of the human race perished in about eight years. In the East twenty millions perished in one year. In England cattle were neglected, and ran at large; the corn perished in the field, for want of reapers, whole villages were depopulated, houses mouldering to ruin. Volcanic eruptions, comets, earthquakes, inundations, destroying at one time thirty-three villages: swarms of poisonous flies, etc., are recorded by Webster.

*Histoire des Egaremens de l'Esprit Humain, tome ii. p. 62. See Madden, (op. cit.)

†Regnier, a hermit of Perugia, is recorded as a fanatic preacher of penitence with whom this extravagance originated. (Vide Hecker, op. cit.)

‡Hecker.

§See "The History of Medicine, comprising a Narrative of its Progress from the Earliest Ages to the Present time," etc., by Edward Meryon, M.D., F.R.C.S., p. 208, vol. i. London, 1861.

were continued in Lisbon on Good Fridays. Confraternities of penitents, bearing large crosses, walked then attired as of old, but without the whips or any scourging in public. The disarmed Othellos of the Flagellant Brotherhood were there, but their occupation was gone.

It was in the midst of events and scenes such as have been referred to that the festival of St. John the Baptist was celebrated in the year A.D. 1374; and with such influences, we are not surprised to learn that, soon after this celebration, "great crowds of men and women were seen at Aix-la-Chapelle who had come out of Germany, and who, united by one common delusion, exhibited to the public, both in the streets and in the churches, the following strange spectacle. They formed circles, hand in hand, and appeared to have lost all control over their senses, continued dancing, regardless of the by-standers, for hours together in wild delirium, until at length they fell to the ground in a state of exhaustion. They then complained of extreme oppression, and groaned as if in the agonies of death, until they were swathed in cloths bound tightly around their waists, upon which they again recovered, and remained free from complaint until the next attack. This practice of swathing was resorted to on account of the tympany which followed these spasmodic ravings; but the by-standers frequently relieved patients in a less artificial manner, by thumping and trampling upon the parts affected. While dancing they neither saw nor heard, being insensible to external impressions through the senses, but were haunted by visions, their fancies conjuring up spirits whose names they shrieked out; and some of them afterward asserted that they felt as if they had been immersed in a stream of blood, which obliged them to leap so high. Others, during the paroxysm, saw the heavens opened and the Saviour enthroned with the Virgin Mary, according as the religious notions of the age were reflected in their imaginations. Where the disease was completely developed, the attack commenced with epileptic convulsions. Those affected fell to the ground senseless, panting, and laboring for breath. They foamed at the mouth, and, suddenly springing up, began their dance amid strange contortions. Yet the malady doubtless made its appearance very variously, and was modified by temporary or local circumstances, whereof non-medical contemporaries but imperfectly noted the essential particulars, accustomed as they were to confound their observation of natural events with their notions of the 'world of spirits.'"* Throughout the towns of what is now Belgium, over the Netherlands, and elsewhere, this strange epidemic spread with frightful rapidity. With their waists girt with cloths, and with garlands in their hair, five hundred dancers appeared in Cologne, and eleven hundred in Metz. Religious houses were eagerly resorted to, and under the impression that it was the work of the evil one, the priests and other church dignitaries were earnestly applied to for help. Hence prayers, masses, and exorcisms became the chief means of relief to these unhappy victims of a disordered imagination. Causes the most trivial were supposed to exert great influence in producing or increasing this malady: thus the sight of one weeping, of red colors, and even of the pointed shoes then in fashion, were the means of highly aggravating an attack. The feelings toward the priests soon ceased to be those of entreaty and of hopeful faith. Threats and accusations against them, as in some way connected with the cause of their condition, began to take the place of prayers and devotion.

Nor can we wonder such should have been the case. Even then traditions were current that similar disorders had been produced by priestly imprecations. Thus it was an accepted belief that in the year 1027, near the convent church of Kolbig, near Bernburg, eighteen peasants were disturbing divine service on Christmas eve, by dancing and brawling in the churchyard, whereupon the priest Ruprecht inflicted a curse upon them, that they should dance and scream for a whole year without ceasing, which curse was completely fulfilled; and though at last they were released by the interposition of a pious bishop, four of them died, and the rest continued with a trembling of the limbs all their lives.† Indeed, not only demons, priests, but even their fellow-men were thought capable of inflicting this terrible curse; so that a little later it became a malevolent expression toward an enemy, in common use, "*Das dich Sanct Veitstanz ankomme*," "May you be seized with St. Vitus's dance!"

Finding that their own prayers and exorcisms were not always effectual, or, what explained their

* See Hecker, op. cit., page 87, et seq

† Hecker, op. cit.

failure, that the deluded people had lost confidence in their efficiency, the holy fathers had recourse to the powers of the sainted dead, and having ingeniously assigned to St. Vitus or St. Weit, the tradition that "just before he bent his neck to the sword he had prayed that he might protect from the dancing mania all those who would properly solemnize the day of his commemoration; and that therefore a voice was heard from heaven saying, Vitus, thy prayer is accepted!"—his shrines became the resort of the dancers of St. John, and his name irrevocably associated with the disease and its various modifications.*

In a work, recently published, entitled *Phantasmata, or Illusions and Fanaticisms, etc., by R. R. Madden, F.R.S., etc., London*, 1857, the author quotes the *Annales de Flandes, per Emmanuel Sueyro*, (in Spanish,) who, under date 1374, (contemporaneous with the events recorded above,) speaks of a great multitude of people who went dancing and singing through the town in troops of a hundred and fifty. (*Vide op. supra*, p. 379, *et seq.*) The same writer gives the following detailed history of St. Vitus: "He was the son of Hylas, a Gentile magnate, and was born in Mazara, Sicily, in the time of Diocletian. While yet a child, he manifested extraordinary piety; and even in childhood began to work great miracles, healing the sick, casting out devils, and doing such other wonderful things; for God had chosen him, from that most tender age, to manifest His glory in him, and by him. He was rescued out of the hands of persecution by Modestus and Crescentia; and finally conveyed to Rome. The great fame of St. Vitus for sanctity and miraculous gifts made him known to the Emperor Diocletian, who availed himself of the signal spiritual gifts to rescue a child of his from the power of the demon by whom that child was possessed. By the prayers of St. Vitus the child was delivered from the evil spirit, as we are informed; but the young saint refusing the proffered favor of the emperor, and the conditions on which it was offered, namely, that he should abjure Christ, and adore the gods of paganism, he was cast into prison in Lucania with Modestus and Crescentia. The emperor finally ordered them to be thrown into a cauldron of boiling pitch and other inflammable compounds to see whether their God would deliver them out of his hands. Signing the cauldron with the sign of the cross, they entered it in a holy transport of hope and joy, singing praises and hymns to God; and they came forth unhurt in the presence of twenty thousand people. Diocletian then ordered them to be put to death on a scaffold, stretched on the Castata, where they endured the most frightful torments. These had not ceased before a tempest and earthquake ensued, which buried several temples, and killed many of their worshipers. The emperor fled in consternation, and acknowledged that he was overcome by a Christian boy. Then appeared an angel of the Lord, who delivered the confessors from their torments, and carried them to the banks of a river and placed them under a tree; and there the martyrs gave up their souls to God on the 15th of June, A.D. 303, and were honorably buried. * * * The body of St. Vitus was moved to Apulia in 682, afterward to St. Denis in France, and in 836 to the abbey of Corvey in Saxony. Some of the relics in 775 had been obtained by Wenceslaus, King of Bohemia, and enshrined in a church built to his honor in Prague. The power ascribed to St. Vitus, of casting out devils and performing miraculous cures, was the cause of the trust reposed in his intercession, and the recourse to it of those afflicted with a disease generally considered of supernatural origin in the fifteenth century. The festival of St. Vitus occurs on the 15th of June."*

The cures effected at the shrine of St. Vitus, by protracted dances, by prayers, by almsgiving, and other devotions, were not always permanent, and hence it became the custom to make an annual pilgrimage thither to prevent a recurrence of the disorder; and it is stated that throughout the month of June these pilgrims were found in a restless and nervous condition. The disease became less and less frequent, and instead of affecting great numbers of people, it gradually became limited to a few individual cases. Even in the days of Paracelsus it had lost many of its peculiar symptoms, and presented the features we now recognize as those of simple chorea, (*χορεία*, a dance,) which name we retain, although dancing forms now no necessary part of the disorder. All modern writers on chorea quote the statement that Horstius,† as late as the spring of 1628, saw

* Hecker, op. cit.

* See Lives of the Saints, from the Spanish of the Rev. Father Peter Ribadeneira, third edition, Dublin, 1763, p. 270, second part.

† Gregorii Horstii Senioris opera medica. Gondæ, 1661.

women who annually performed the pilgrimage to St. Vitus's chapel, in the territory of Ulm, as well as that of Felix Platerus, (1641,) who records that the authorities of Basle commissioned several powerful men to dance with a girl who had the dancing mania, which it is said they did for four weeks before she was cured.

A recent writer states that the dancing mania of Germany, of the fifteenth century, is still kept in popular remembrance in some places by an annual festival, especially at Echternach, a small town in Luxembourg, about twenty miles from Treves, where thousands of people annually meet on Whit-Tuesday to solemnize this feast with what is called "the jumping procession," and also the procession of the jumping saints. On Whit-Tuesday, the procession still wends its way to the grave of St. Willebrodus, in the ancient abbey church of Echternach. The procession starts from the bridge accompanied by several bands of music. The pilgrims of both sexes form in rows, and spring, first four steps forward and three back, then eight forward and three back; so on, continually increasing the steps forward but making no change in those backward, until they reach the church, where they throw themselves on their faces and begin to pray. Having entered the church, after prayer, the flag-bearers and brothers of the order place themselves under the great luster, with its seventy-two lighted tapers, and high mass, accompanied by solemn music, begins. * * This jumping march is performed to curious old music, composed expressly for this ceremony. So many evils arose, from bringing such masses of people together in so small a compass; so much drunkenness, riot, and debauchery, that the festival was suppressed by law in 1777. It was, however, reintroduced by Joseph II., in 1790; put down by the French in 1795; and again appeared in 1802, in which year there were nearly 3000 dancers and 74 musicians. In the year 1812, there were 12,678 dancers in the procession, which has, however, now diminished to an annual average of 8000.*

Traces of analogous disorders may be found marking the path of succeeding centuries down to the present time.

Thus, immediately subsequent to the dance of St. Vitus, if not, indeed, contemporaneously† with it, there arose another dancing mania known as *Tarantismus*, from its supposed origin in the bite of the *tarantula*, a kind of spider which abounded in Italy.* Persons thus bitten became melancholy, stupefied, and lost their senses. "This condition," says Hecker, "was united with so great a sensibility to music, that at the very first tones of their favorite melodies, they sprang up, shouting for joy, and danced on without intermission until they sunk exhausted and almost lifeless." In this way it was supposed that the poison of the viper was distributed over the whole body and expelled through the skin; yet, if there remain the slighest vestige of it in the system, the germ was capable of renewing the disorder so that the dancing fits might again be renewed indefinitely by music. Kircher states that it was the action of the poison in the human body which excited a desire for the sounds of musical instruments, and for harmony proportioned to the discords of the nervous systems of the sufferers. According to this writer, it would appear that a sort of incubative stage existed, and that it was not until the heat of summer that the characteristic symptoms of the disorder displayed themselves.

While the fear of the tartantula seems to have affected all classes of people so that the bite of the most harmless insect inspired the greatest terror, and induced in systems predisposed by the causes we have formerly mentioned, the most alarming nervous symptoms, yet, by a strange perversity of the human mind, there would appear to have been blended with the terrors of the disease such an enjoyment of the music and the dance that the periodical occurrence of the days on which bands of musicians who traversed Italy for the cure of those affected with tarantism was looked forward to with pleasure, and the occasion was known as "the women's little carnival," the women, as we are told, throughout the country saving up their spare money to reward the welcome musicians.

Perhaps the most satisfactory writer on tarantism, and one who has been but little quoted on the subject, is the celebrated *Dr. Georgius Baglivi*, Professor of Physic and Anatomy at

* Madden, loc. cit., quoting Notes and Queries, Sept. 1850.

† "Gariopontus, a Salernian physician, (a native of the Kingdom of Naples,) was the first to describe a kind of insanity, (*antcneasmon*, the *enthusiasmus* of the Greek physicians,) the remote affinity of which to the tarantula disease is rendered apparent by many striking symptoms."

* Madden, op. cit., following Kircher, derives the name tarantula from the City of Tarento, or from the River Thara, in Apulia, in the vicinity of which those venomous spiders which produce the dancing disease abound.

Rome. In November, 1695, he published at Rome "A Dissertation on the Anatomy, Bitings, and other Effects of the Venomous Spider called the Tarantula," in which he not only describes the disease, its symptoms, and its cause, but also gives a finely-executed engraving of the spider itself. This work, which was translated into English in the year 1714, may be found in the library of the Pennsylvania Hospital, and will well repay the reader for its perusal. Baglivi, deriving the name of the tarantula from Tarentum, an ancient city of Magna Græcia, upon the Ionian shore, states that "those who are once bit with it are never quite cured of the Venom, for it revives every Year, and occasions a long series of Evils which would be very annoying to the Patients if they did not take due care of their Health by Dancing and Balls." He believes the bite to be venomous only in Apulia, and that especially so in summer. He, too, speaks of the delight with which the women looked forward to their "little carnival." He attributes the good effects of music and dancing "to the very swift motion communicated to the Spirits and Blood which dissolves and dispels their growing Coagulation, until at last the humors retrieve their primitive fluid state by virtue of these repeated shakings and vibrations."

It is not the intention of the writer to go into a further account of this strange disorder; it has been alluded to merely from its relation to the dance of St. Vitus, which, in some respects, it closely resembles; and from the previous occurrence of which, and the wild example of whose votaries, it is altogether probable its association with music and dancing was derived. Yet tarantism for several centuries prevailed, and has left its memorials in the music of the tarantella, which is even now fondly cherished by the people of Southern Europe. *Tarantism* was at its height in Italy in the seventeenth century, long after the St. Vitus dance of Germany, as an epidemic, had disappeared.*

In the remarkable religious fanaticisms which prevailed during the sixteenth century, the entire history of which is replete with interest, there are to be found the records of extravagance of conduct closely resembling that of the votaries of St. John. Such was the case with the Anabaptists, a religious sect which appeared A.D. 1521, the first Protestant dissenters from the doctrines of Luther. They have not inaptly been called "the Radicals of the Reformation," which they regarded "as too contracted, not spiritual enough, nor sufficiently sublime." It is said that in Zurich, the Anabaptists ran about the streets with sacks upon them, and girded with ropes and switches, crying out that in a few days the town would be destroyed, "Woe to thee, Zurich! woe, and woe again!"

These deluded people, like the dancers of St. Vitus, drew after them great crowds, who soon joined their ranks.

Madden tells us that the Anabaptist prophets appeared to be affected with epilepsy, (more probably with hysteria.) In these paroxysms of enthusiasm a great change came over their features. At times they fell on the ground, twisted their mouths, rolled their eyes, and appeared to be in converse with some devil. They went to the tops of houses, on the precipices of high rocks, and thereon mounted, cried out to the people to amend their lives. When the armed forces of their sovereign were sent against them, they in no way defended themselves, nor attempted to save themselves by flight, but sang a hymn, invoking the Holy Spirit, and, waiting in vain for some help from on high, were mercilessly cut in pieces.

No one can read the history of these deluded people without a saddened heart. That many, if not most of them fully believed what they pro-

* While the dancers of St. Vitus abhorred red colors, the victims of tarantism exhibited a special affection for the same. Thus it is told of a certain Capuchin friar affected with the dancing fits, who was visited by a Cardinal Cajetano, that he was so distressed by the refusal of the spectators to allow him to touch and examine the red garments of the Cardinal, that he sunk into a deep swoon, from which he did not recover until the Cardinal compassionately gave him his purple cape.

Before entirely passing from this subject, I may, perhaps, be pardoned for quoting in full the following beautiful and descriptive paragraph from Hecker. Referring to tarantism, he says: "Another no less extraordinary symptom was the ardent longing for the sea, which the patients evinced. As the St. John's dancers of the fourteenth century saw, in the spirit, the heavens open and display all the splendor of the saints, so did those who were suffering from the bite of the tarantula feel themselves attracted to the boundless expanse of the blue ocean, and lost themselves in its contemplation. Some songs which are still preserved mark this peculiar longing, which was moreover expressed by significant music, and was excited by the bare mention of the sea. Some, in whom this inexplicable susceptibility was carried to the greatest pitch, cast themselves in blind fury into the blue waves, as the St. Vitus dancers occasionally did into rapid rivers. This condition, so opposite to the frightful state of hydrophobia, betrayed itself in others in the pleasure afforded them by the sight of clear water in glasses. These they bore in their hands while dancing, exhibiting at the same time strange movements, and giving way to the most extravagant expressions of their feelings."

fessed, cannot be doubted. They sealed their testimony to its truth with their blood. Neither the faggot, nor the sword, nor the halter intimidated them. Some were burned, some were dreadfully mutilated, many were hung, others were drowned, but to the last they remained steadfast in their faith. Nay, more, there can be no doubt that many of the doctrines which they as a sect first proposed, were in strict accordance with the purest and most spiritual precepts of the Gospel, and, as such, have been adopted by evangelical Christians of later days. But these glimpses of heavenly light were lost sight of in the blaze kindled by the fires of their own heated imaginations. Liberty of thought became with them licentiousness, and its results were seen in practices which, under the name of religion, were worthy only of madmen or of devils. Their whole history is but another sad example, to show us how thin are the partitions which divide wit from madness.

For nearly a whole century this fanaticism existed and flourished.

The French Calvinists or Camisards, who appeared near the close of the seventeenth century, were also the subject of ecstatic movements. Thus it is related of their elderly priestesses, that they fell down, struggled for a few seconds in a convulsive way, and, foaming at the mouth, began to prophesy enthusiastically. Later it is said of them, that thousands of women persisted in prophesying, and in singing their inspiration. In an entire town all the women and girls appeared possessed by devils. They trembled and prophesied publicly in the streets.

Brueys, who is quoted on this subject, tells us that the whole body was agitated by a kind of shuddering. The intensity of the fits varied: they called those *trembleurs* who only experienced convulsive shocks in the head, the shoulders, the legs, and the arms. Some fits were sufficiently violent to throw down a patient when he least expected it.

In the City of Paris, about the year 1730, and later, great crowds of people are said to have frequented the tomb of Deacon Francois de Paris. This Francois appears to have been a humble-minded Christian, who gave up position and wealth to devote himself more closely to religion. In the discussions which at that day affected the Church, Francois was known as an advocate of the doctrines of Jansenius, Bishop of Ypres. His tomb became the resort of many whom he had succored during life, and before long numerous cures were reported to have occurred at this place, of the most miraculous kind. Hence it soon became the resort of thousands. The sick were laid upon the tomb, and soon after, they were seized with violent pains, agitations of the body, and extraordinary convulsions, by which they were gradually healed of their maladies. Other extravagancies of conduct might be referred to, did the limits of this paper permit. These miracles, performed before the Parisian public, were made the means of establishing the doctrines of Jansenius, and the subjects of them are known in history as the Jansenist Convulsionnaires.

To be continued.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL CLINIC.

Service of Dr. Gerhard.

December 14, 1861.

TYPHOID FEVER—RELAPSE.

This man, after having become convalescent from an attack of typhoid fever, was permitted to go out of the hospital four days ago. We were unwilling to discharge him, fearing the consequences, but he desired to visit his friends in New Jersey, and we yielded to his importunities. He did not go to New Jersey, however, but went up town, where, at a restaurant, he ate pretty freely of buckwheat cakes and sausage, and soon after was taken worse, his bowels becoming irritable, and diarrhœa supervening. In four days from his discharge he returned to the hospital again. He now has some cough; his tongue is dry at the tip, coated posteriorly; intellect clear; pulse 100, frequent; skin warm; and has some fever. His bowels were open twice last night, not at all today; abdomen slightly tympanitic, but not much tumefied; sudamina appeared yesterday in his groins, and some five or six rose-colored spots are visible higher up; has slight diarrhœa; spleen and liver not enlarged; lungs have a light trace of sonorous and mucous rhonchus, latter at lower portion, former at upper. There is much prostration and loss of strength.

There is great danger, in these cases of typhoid fever, from allowing the patient to go out too soon. There is, sometimes, a morbid appetite developed, a desire to eat, which is not real, and which craves, most of all, that which should not be given, viz., solid food. An error in diet in this stage may produce an irritation of the bowels, more or less extensive, as the colon, ilium, or jejunum, or all together, are affected, resulting in

ulceration or perforation. And then, again, incipient phthisis may be developed. So that you should always exercise the most assiduous care in this matter, that, during the progress of convalescence, no untoward result may occur.

Treatment.—For the diarrhœa he may take one-fourth of a grain of opium, with one grain of tannin, every three or four hours, as the persistence or continuance of the diarrhœa requires. I regard this prescription as one of the best that can be used in this affection, or in a hemorrhage from the lungs; and prefer the tannin to acetate of lead, which is usually given. Relatively the opium is the most valuable; tannin has a certain degree of value, the lead very little. If his cough persists, apply a small blister (one 2 by 3 the best) upon the chest, and he should take the spirits of mindererus at night. His diet should consist of beef-soup, arrow-root, with small pieces of bread soaked in it; porter twice a day.

EMPHYSEMA OF LUNGS.

This man is fifty-four years of age; has had a cough about three years, which disappears in the summer, coming on again in the fall, about September. You observe the anxious expression of his countenance, and his somewhat emaciated appearance; he has great dyspnœa; cannot walk up stairs without putting him very much out of breath; expectorates a muco-purulent matter. Now this cannot be a case of simple phthisis, for we do not find dyspnœa occurring in its early stages, neither do the physical signs denote it; nor is it bronchitis—there is not the flushed surface, the fever, nor the peculiar difficulty of inspiration, which exists in that disease. The inspirations in this case are full and strong, but the chest falls but little on expiration. Nor yet is there any violent disease of the heart, as hypertrophy. We have here emphysema of the lungs, which may be an effect of asthma, and not a cause. And yet asthma is, sometimes, itself a symptom, produced by derangement of the nervous system. What do we expect to find in emphysema? In young persons, of twenty-four or twenty-five years of age, we find marked dilatation of the chest, not confined to one side, as in pleurisy, but a general roundness and fullness, most obvious in front. In those of more mature years, the dilatation is confined more particularly to the intercostal spaces, widening them, and sometimes causing them to bulge out. Upon auscultation, we find the sibilant and sonorous rhonchus, sometimes the mucous and submucous. We also find a feeble respiratory murmur, and a feeble vesicular sound. Percussion gives an unusually clear resonance, different from health, more gaseous; apparently, perhaps, from the dilatation of some vesicles, and contraction of others. This sound is not, as in health, increased by respiration.

Now this succession of symptoms we have well marked in the case before you: the dilatation of the chest most marked upon the right side; the clear resonance everywhere over the chest upon percussion; the feeble vesicular sound on both sides; the mucous rhonchus at the lower anterior, and the mucous, sonorous and sibilant rhonchus at the posterior portion of the lungs; the latter of which may be occasioned by variable contraction in the finer ramifications of the air-cells. These symptoms all indicate that, from some cause, the tissue of the lungs is morbidly distended with air, which, on account of the inelastic, rigid, or thickened condition of the membrane lining the air-cells, is not expelled at each respiration. The air-cells thus become permanently distended, forming that affection which we denominate emphysema.

Now, what is the treatment proper to be pursued in this disease? The best remedy, in my opinion, is the tincture of lobelia, in doses of two-thirds of a drachm, four times a day. Or, if cough be persistent, a mixture, containing morphine, squills, and ipecac., in suitable proportions to the age of the patient, may be given. Dry cups may also be used with advantage. Blisters should be avoided, if possible.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Prof. Gross.

November 30, 1861.

FRACTURE OF THE CRANIUM.

A young child, presented by its mother for a tumor on its head, occupying the parietal prominence above the ear, and reaching down to it, about the size of the palm of the hand; fluctuating; parts sensitive. On pressing down upon it the finger comes in contact, apparently, with roughened edges of bone, indicating a fracture of the bones of the cranium at this point, and that the effusion or extravasation of whatever character it may be, drops underneath the bone. This tumor was not noticed by the mother until Sunday last. The child is in good health; nurses well; has had some fever the last ten days. On examination with the exploring needle, which should always be used in cases where any doubt exists in regard to the contents of a tumor, especially of the head, we find the tumor contains no pus, but blood. It is, therefore, a contused wound, with extravasation of blood between the surface of the skull and pericranium, and occasioned, no doubt, by a fall, which the mother now calls to mind. If there had been pus in it, an opening for its exit would have been necessary; no incision is now required. The following application should be made, with a view to promote absorption of the extravasated blood:—

℞.—Ammoniæ hyd. chlor. 3ij;
Aquæ, qt. j;
Acidum acet. ℥ij. M.

Apply warm, covering the part with flannel, and this with oiled silk. Give also castor-oil to keep the bowels free. If the extravasated blood be not deprived of its vitality, the absorbents will

readily take it up; if it be, it will act as a foreign substance, producing, it may be, serious results.

This case was presented the second time, December 7th, when the diagnosis made November 30th was confirmed by the marked elevation and depression of the extremities of the fractured bone. The rapid absorption of the extravasated blood which had taken place, rendered the depression real which is sometimes only apparent. The fall which occasioned the fracture was followed by no marked symptoms except a slight concussion from which the child soon recovered. The bone will probably resume its natural position under the recuperative powers of nature, which are very strong in children. With careful watching, therefore, to prevent any untoward symptoms, aided by a continuation of the remedies already prescribed, nature may be left to effect the cure.

December 4, 1861.

Service of Prof. Pancoast.

WRY NECK.

The deformity in this case was very great, the head being turned strongly toward the left shoulder and somewhat downward. About one year ago, as the boy was running at play, he fell and wounded his neck. The wound was dressed with adhesive strips, to which the twisting of the neck was attributed by the friends, as it was not noticed before they were put on. As an illustration of the fallacy of such ideas, the lecturer related the story of Goodwin Sands and the Tenterden steeple. This deformity was not occasioned by the adhesive strips, nor was it produced, as is usually the case in wry neck, by the contraction of the sterno-cleido mastoid or trapesius muscles. There was either a fracture or a dislocation of the cervical vertebræ, and the wonder is that the child's life was not destroyed at once. The distortion was immediately noticed, but no efforts made to remedy it; the same sort of deformity is occasionally produced by a softening of the vertebræ. An attempt now to reduce the dislocation might be followed by fatal results, but as the sterno-cleido is put upon the stretch by the attempt to bring the head into its proper position, it should be divided, and then the employment of some mechanical appliances may palliate the deformity.

TALIPES VARUS, (*with a new operation.*)

The operation for club-foot is often unsatisfactory in its results. The division of the tendo Achillis does not always remedy the deformity, because it is not in every instance at fault, as a reference to the anatomy of the part will at once explain. The *gastrocnemius*, the beautiful muscle so characteristic of this region of the body, arises by two heads from the upper part of the two condyles of the femur; passing along down, the two divisions unite to form the tendo Achillis, by which it is inserted into the lower part of the posterior tuberosity of the os calcis. Arising from the head and upper half of the fibula, and from the middle third of the tibia, is the *soleus*, which is also inserted into the tendo Achillis. Now in club-foot we commonly find the gastrocnemius flaccid and soft, indicating that it is not put upon the stretch to give rise to the contraction which produces the deformity; but if we grasp the insertion of these muscles into their tendinous extremity, we find a hard mass, the soleus, by its oblique and extended insertion into the tendon, antagonizing the gastrocnemius and drawing the os calcis upward. What more philosophical, then, than that the division of this muscle at its insertion should allow the heel to assume its normal position, and the cure be rendered complete by the inferior extremity of the soleus attaching itself to the tendon at a higher point? This has long been a favorite operation of mine for talipes varus, and one which I shall perform in the case now before you. You observe the flaccidity of the gastrocnemius, you observe also the tension of the soleus; a division of the latter will give proper play to the former, allow the os calcis to resume its proper position, and remedy the varus without subjecting the child to the loss of any portion of that important tendon in locomotion, the tendo Achillis, or to the risk of a failure in cure. But care must be exercised in performing the operation. The knife must be turned toward the tendon to avoid wounding the popliteal artery. When the soleus is divided, the club-foot apparatus should be applied as in division of the tendon, and the case treated in the same manner, not, however, making any movements of the divided muscle for the first five days.

December 14, 1861.

Service of Prof. Gross.

ARTICULAR RHEUMATISM.

J. L., thirty-two years of age, presents himself for an affection of the wrist articulation of over one year's standing. His general health is good; works in a brewery, and drinks porter and ale. The disease first affected the forefinger, and then by turns each finger of the right hand, till it ultimately settled in the articulation of the wrist, producing great swelling around that joint, heat, redness, inflammation, suppuration, and the discharge of serous matter, but no pus. The sinus opens into the joint, and there may be necrosis of the cartilage, and, perhaps, of the bone. It is affected by changes of weather, causing pain and increased swelling. The motion of the wrist is not greatly affected. There is no specific taint, nor is the affection of a strumous character—that being more common in early life. It is an obstinate case, and may be denominated articular rheumatism. In the treatment of this case, our first injunction is, that the patient shall take no porter or ale, eat no meat or hot bread; he may have a milk diet. There is structural lesion here which ought to have been met in the outset with copious venesection. He should now be bled

freely and have a purgative, after the operation of which he may take every night, for a week, the following mixture:—

℞.—Vini colchici, f3j;
Liq. morphiæ sulph. f3ss. M.

During the administration of this remedy, he may need a mild aperient, unless his bowels are free. As a local application, use acetate of lead and opium, applied warm upon flannel. Entire rest of the part should be observed; indeed, rest is indispensable; without it untoward results may be expected.

UNUNITED FRACTURE.

This was the case of a young man, twenty-four years of age, who, five months ago, met with the accident of an oblique fracture of both the left tibia and fibula, the former at the middle third, the latter, as is often the case in fractures of both these bones, a little above that of the tibia. The tibia is still ununited, and the upper fragment is quite sharp. The fracture was oblique, downward and outward. In treating fractures, the great aim should be to restore the bones to their natural position, to place them in exact apposition, and to retain them in their place. If not done, imperfect union or entire want of it will be the result. The more accurately the bones are apposed, and the more entirely they are kept at rest by means of apparatus for extension and counter-extension, the more speedy and perfect will be the cure.

Among the causes which may occasion want of union in fractures, may be mentioned the long-continued use of cold applications; the interposition of a clot of blood between the ends of the bones operating as a foreign body, or a portion of muscle, aponeurosis, spiculæ of bone, or a bullet; constitutional debility, profuse discharges, syphilitic taint, cancerous or tubercular diathesis, any one of these may occasion the non-union of fractures. In ordinary cases, fractures should become firmly united in five or six weeks. In this case the union which has taken place is fibrous.

The remedies for non-union of fractures are various. When depending upon constitutional or specific taint, the appropriate remedies for such condition should be used; if upon anæmia, good diet, tonics, as quinine and iron, free ventilation, friction of skin, etc.; if from inaccurate apposition, the proper adjustment of mechanical apparatus should be made, that the bones may be kept *in situ*. Should, however, none of these means succeed, the ends of the bones may be rubbed together to produce inflammation and the exudation of lymph, the necessary prerequisites for the formation of bony union; or pressure may be applied, the part painted with iodine solution, a blister applied, or, instead of this, a perforator may be introduced to break up the fibrous tissue—the object of each method proposed being to excite inflammatory action in the parts—or the operation of Dr. Physick may be employed in the introduction of a seton between the ends of the bone. In some instances this operation has been entirely successful, in a few instances unavailing and fatal. Or that of Dieffenbach, of Berlin, which consists in puncturing the skin and inserting ivory pegs between the ends of the bone, an operation which is exceedingly simple and effectual. As a last alternative resection may be performed. In this case I propose to perform the operation of Dieffenbach, inserting ivory pegs into the parts.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by William B. Atkinson, M.D., Recording Secretary.

Wednesday Evening, October 9th, 1861.

PUERPERAL CONVULSIONS.

DR. CONDIE remarked that the abstract given, in the paper read before us this evening, of the different opinions entertained by the leading obstetrical authorities of the present century in respect to the pathology and therapeutics of puerperal eclampsia, presents strong evidence of the little positive knowledge we possess of the true character and causes of the disease, and how little has been acquired as to its successful treatment.

Few affections of ordinary occurrence have been the subject of so much "false experience"—the theory and management of which have been inferred from a more insufficient, one-sided, badly-interpreted series of observations.

The same mistake has been made in respect to puerperal eclampsia as in the case of puerperal fever—in assuming that it is an affection peculiar to the puerperal state. The common impression is, that the convulsions which occur during gestation and parturition are so intimately dependent upon the presence of the child in utero or upon the act of parturition, that so soon as the latter is concluded and the child and secundines expelled, they cease.

If nothing more were required for the production of convulsions in the female than pregnancy or labor, we should certainly expect to meet with them much more frequently than we do, considering the frequency with which the conditions upon which they are supposed to depend occur; and never in the absence of those conditions. Now, that gestation and parturition may proceed regularly until their final completion, and convulsions, nevertheless, set in a short time subsequently, is a fact of which every obstetrician is perfectly aware.

It is said that carefully compiled statistics show that convulsions occur most commonly during first labors. Let this be as it may, our own experience does not bear out a similar conclusion. We have found them to occur with as much frequency during second and third as

during first labors. When they make their appearance during a first pregnancy or labor, our observation has shown that there is a liability to their occurrence during the same conditions subsequently.

The females most prone to the attack of puerperal convulsions are generally described to be young and robust, who are decidedly plethoric, with short necks, and the other indications of an imminent apoplectic tendency. This does not correspond with our own experience. The great majority of the attacks of puerperal eclampsia witnessed by us have occurred in women of a lax, leuco-phlegmatic habit, or in whom the abdominal organs predominated.

When the fact was first discovered of the frequent, if not constant presence of albuminuria in at least the more severe forms of puerperal eclampsia, it was supposed that the true key to the pathology of the disease was in our possession: that in the uræmic poisoning resulting from the diseased condition of the kidneys, was to be found the true cause of the convulsive paroxysms of puerperal eclampsia.

Albuminuria is not, however, always present in cases of even the most violent puerperal convulsions, while, on the other hand, it frequently exists during pregnancy, or immediately after delivery, without being accompanied by the slightest indication of a tendency even to convulsive action. In fact, albuminuria has been found to be so common an attendant upon all severe diseases as to render any pathological theory of the nature and causation of disease built solely upon its presence or absence of little value. It is a well-established fact, nevertheless, that marked œdema of the face and extremities, or even general anasarca, and accompanied generally with albuminous urine, is very frequently present in those females who are the subjects of puerperal convulsions: showing a connection between the disordered condition of the urinary function and puerperal convulsions sufficiently intimate to justify us in ranking it among the occasional exciting causes of the latter, in the same manner we do the presence of the child in utero, irritating matters in the stomach and bowels, or an over-distended bladder.

A very little reflection will convince us that something more is required for the production of convulsions during gestation, parturition or the puerperal period than merely the physiological conditions which are then present. If the state of pregnancy, the throes of labor, or the condition of the female immediately after delivery be alone the efficient cause of convulsions, how, as we have already remarked, can we account for their being so rarely met with, compared with the very great frequency with which these supposed causes occur?

With Dr. Hodge, we believe that there is nothing special in the so-called puerperal convulsions—that no essential difference exists between them and such as are frequently observed in the non-pregnant state in hysterical women—that is to say, in those whose nervous system is in a state of exalted nervous irritation. In both cases the convulsions constitute, physiologically considered, virtually one and the same disease. The only real difference will be found, perhaps, to be in the degree of congestion present. This being comparatively slight in the unimpregnated state, very great during gestation, and even still more so during labor.

We are convinced that the pathology of puerperal convulsions, as taught by Professor Hodge, will be found, upon investigation, to be perfectly sound. Every one who has had much experience with the diseases peculiar to women, must have observed repeated attacks of convulsions to occur in non-puerperal females, of a highly nervous temperament, congenital or acquired, which, in all their essential symptoms, are precisely similar to those which occur during pregnancy or parturition, or the puerperal state.

In respect to the mechanism, if we may so express ourselves, of puerperal eclampsia — the reflex nervous irritations upon which they most usually depend—much may be learned from a careful perusal of the work of Tyler Smith on "Parturition and Obstetrics."

When we commenced the practice of our profession, the proper treatment of puerperal eclampsia was supposed to be definitively settled. The remedies—in respect to the propriety, necessity, and efficacy of which there has been and even still exists among leading medical authorities little if any dispute—are blood-letting, carried to its fullest extent, and repeated again and again, so long as the convulsions continue without a very decided abatement in their violence; cups and the application of cold water or ice to the head; drastic purgatives; sinapisms to the extremities; tartar emetic, in sedative doses, and as early a delivery of the child as possible; by the application of instruments; by turning; or even by embryotomy, when the natural process of labor is not sufficiently prompt, or any impediment to the escape of the child is present.

The very profuse blood-letting which was formerly, and by many physicians is still practiced, in cases of puerperal convulsions, is, we believe, unjustifiable—and we fear that it has added not a little to the mortality of the disease.

In very many, perhaps the majority of cases, a full bleeding, followed by the application of cups to the temples, behind the ears or upon the nucha is necessary, not so much as a directly curative measure, as a precautionary procedure, to guard, by unloading the vessels of the brain and spinal cord, against the effects of undue pressure at the nervous centers, and to diminish, at the same time, the danger of hemorrhage from rupture or effusion. Even at a later period of the attack, in the same way, a resort to general or local blood-letting may, perhaps, in some cases be found advantageous.

Although we do not believe that in any case puerperal convulsions will be found to depend directly upon cerebral congestion, yet it is not

to be doubted that they are often kept up and aggravated by it. It is well known that there is almost invariably present, during pregnancy, a condition of universal plethora, as a consequence of which engorgement of the vessels of the brain, to a greater or less extent, is liable to occur, particularly during the throes of labor, and, when convulsions have actually set in, by the laryngismus, which is an invariable attendant upon them.

In all cases of puerperal eclampsia it is important that the bowels should be early evacuated by an active purgative given by the mouth, or an appropriate enema. Unless we are certain that a copious discharge of urine has recently taken place, the introduction of the catheter should not be neglected. In more than one case we have known the convulsive paroxysms, if not excited in the first instance, to have been kept up by a distended bladder.

If the presence of irritating matters in the stomach is suspected, the propriety of an emetic should be carefully considered.

Cold douches to the scalp and nucha are a measure which should seldom if ever be omitted.

After a full bleeding, but more especially after the termination of labor, opium given in full doses is one of our most efficient remedies in nearly all cases of puerperal eclampsia. The evidence in its favor is at once copious and convincing. Our attention was first called to its employment in this disease by hearing Dr. W. D. Brinckle, in a course of lectures on Materia Medica, delivered before the Philadelphia Medical Lyceum, in 1819 or 1820, relate a series of cases of puerperal convulsions, in which he had given opium with the most decidedly good effect. Since then we have often employed it ourselves, with, we are persuaded, advantage, while a host of careful observers have presented us with their indorsement of the propriety and efficacy of its employment under the circumstances referred to.

In respect to the necessity of the prompt delivery of the child in cases of puerperal convulsions, we believe that the majority of obstetricians are in accord. It is very certain that under the same circumstances which require the prompt termination of the labor by manual or instrumental means, in cases unattended with convulsions, will the more imperiously be demanded a resort to these means during the presence of convulsions. But we are by no means convinced that there is the least propriety of our interference for the speedy delivery of the child, simply because of the presence of convulsions, particularly in cases where regular pains occur, and the head of the child is passing regularly through the pelvis.

If it was found that the convulsive paroxysms always or even very generally ceased upon the birth of the child, prompt delivery would then become a most desirable measure. But it is not so. We have invariably found the convulsions to continue, and with little or no abatement in their violence, after the uterus had been emptied of its contents.

Much, however, must be left to the judgment of the practitioner. It is unquestionable that cases of puerperal convulsions do occur, excited perhaps, but most certainly kept up and increased in violence, by an irritation having its rise in the uterus and intimately dependent upon the presence of the child within the organ, or by the action of the latter in its efforts to expel its contents. Under such circumstance the delivery of the child by artificial means is not merely proper, but it is a measure which should not be neglected. In the general run of cases, the necessity for delivery is by no means urgent. The source of irritation upon which the convulsions depend is not in the uterine nerves, but in those rather of the stomach, or bowels, or bladder. Removing whatever sources of irritation may be present, and guarding against the bad effects of cerebral congestion, the obstetrician has it in his power, in the great majority of cases of convulsions occurring during labor at least, to control, by the administration of ether as an anæsthetic, the paroxysms until such time as the birth of the child has been accomplished by the natural efforts of the uterus. After the completion of labor—presuming that all sources of irritation, in whatever organ existing, have been removed, it is, we are convinced, by the judicious employment of opium that we shall best succeed in arresting, effectually, the disease.

In conclusion, we would remark that our own success in the treatment of puerperal eclampsia has not been much to boast of. We find, upon a careful examination of our record of the cases that have fallen under our notice, one in 4·8, or nearly 21 per cent., have terminated fatally. This percentage of mortality, however, is that given by all the cases we have placed upon record since we commenced our career as an obstetrician. Taking, however, only the cases which have occurred in our practice during the last fifteen years, the percentage of deaths has been somewhat more favorable—it being not quite eighteen, or one in 5·54 cases.

Dr. Darrach remarked that his reliance was in venesection, anodynes, and anæsthetics.

In the case of Mrs. McD., there occurred three convulsions during the primary stage of a first labor. They successively augmented in severity, recurring at shorter intervals, and were more protracted; and the pulse, with each recurring fit, became more frequent and contracted. A fatal venous congestion of the cerebro-spinal system being apprehended, Dr. Dewees's plan of opening the veins in both arms was adopted. Two large streams of blood flowed simultaneously, and effected, without an injurious loss of the vital fluid, a salutary revulsion from the nervous centers and important organs. The pulse became reduced in frequency, and enlarged; the circulation was equalized, and consciousness restored; the pains became regular and efficient, and in due time the birth took place.

As the convulsions in this case occurred during the first stage of labor, anodynes were inapplicable, and anæsthetics were unnecessary.

In respect to anæsthetics, his use of them, thirteen years ago, in the convulsions of a child, suggested their trial in puerperal convulsions.

In the winter of 1849, he attended a child, three years of age, under cephalic influence. On the fifth day convulsions set in, which were recurrent without return of consciousness, becoming more protracted and violent; and finally, without appreciable intermission. They baffled ordinary treatment; death seemed inevitable. Without known precedence at the time, he administered chloroform. Instantly almost, the diastaltic system was quieted and consciousness restored. Nevertheless, after a subsequent sickness, without convulsions, the child died.

The principle being thus established, that anæsthetics control convulsions, the suggestion naturally followed to use them in every form of convulsions, and especially in those of the puerperal state.

In one such, occurring in the practice of my friend Dr. Fricke, it was soon after tested. No other means were used. The trial was perfectly successful.

In these cases of puerperal convulsions there were neither irritating ingesta, renal disorder, nor systemic disturbances. Where else than the uterus is the seat of puerperal convulsions?

Cause and effects are here separated, it is true, at great distance from each other; but so it is with hip disease and vesical calculus. In the latter, the glans penis is painfully affected, and in the former, almost all the symptoms are in the knee. And further, the instances are not few in which the lesion is in one organism and the category of symptoms are in another. Insanity and thoracic pains are often the pathognomonics of a diseased liver; so also pains in the anus, of heart disease; persistent pain in the sole of the foot, in some cases of urethral stricture; dementia, from erotism; chorea, from uterine debility; and convulsions, from dentition and intestinal worms. May it not then be said that the disturbance of the diastaltic system and cerebrum in puerperal convulsion is owing to an abnormal condition of the uterus? And more especially so, because in women the empireship of the body is the reproductive organism. In all languages, her name, female, femele, feminine, femina, which have their root in feo-fœtus, signifies producer. The female body is made for the uterus. No wonder, then, that with uterine development woman's body and mind takes its special shape, beauty, and propensities; that the uterus is the center of sympathies; and that under lesion or distracted function it should convulse both animal and organic life. While, then, in exceptional cases the accidental causes of puerperal convulsions are in the abnormal condition of other organs, yet a disturbed uterus is the punctum saliens of convulsion during gestation, labor, and confinement.

This doctrine indicates in the therapeutics, the relief by revulsive blood-letting of the great nervous centers and important organs from venous congestion, the relaxing and quieting the uterus by anæsthetics, and the entire repose of the body by anodyne enemata.

In regard to the renal cause of puerperal convulsion, he remarked that the presence of albumen in the urine, and of œdema, were not satisfactory evidences of it, because—1st. These symptoms, unassociated with tubes in the urine, is no evidence of Bright's disease of the kidneys. 2d. Tubes, albumen, and œdema are not limited to Bright's disease, but are common also to sequelæ of all the exanthems. 3d. The effect of retention and accumulation of urea in the blood produces coma and not convulsions; and so, if there be a change of urea with carb. ammonia.

Dr. Remington believed that v. s. would not cure convulsions puerperal. Over-depletion is the rock on which the profession has split. The treatment at present is more judicious and successful, and we have less depletion. He had seen but six cases. In his experience, moderate depletion was of service. Emptying the womb was important, although not always effectual in arresting the convulsions. In one case in particular, after v.s. and evacuation of the bowels, assafetida and tinc. opii had a happy effect, in the form of enema. He regarded the internal use of ether, by inhalation, as of great value; he was fearful of chloroform, and never employed it. Ether, he believed, would act as a preventive in these cases, and should be employed with that view, on the first approach of convulsive movement, nervous twitching, and disturbed vision. The female is subjected to high nervous excitement, local congestions, and the brain is overloaded with blood; hence the frequent recurrence of convulsions at the time of a pain. He was doubtful as to the influence of œdema as a predisposing cause, though it is often a coincidence. He had treated a lady, who was extremely œdematous, with a sallow skin, her general health broken down, dyspeptic, and nervous. She was delivered of twins at full term of utero-gestation, and got well without accident, though the œdema was greater than in any case he had ever attended. He should not regard the presence of *albuminuria* as pathognomonic of puerperal convulsions, as he believed, if the urine were tested, it would be generally found to accompany a state of pregnancy.

Dr. W. L. Atlee did not care for theory, but desired information on the practical point, the treatment. Early in practice he adopted v.s., without regard to quantity, as he was taught during his college term. A short time after graduation he had a case of convulsions, in a pregnant woman, though not in labor. She was at eight months, and was more or less œdematous, and very fleshy. When he arrived, they were holding her up, and she had no spasms; was very much oppressed in breathing, panting like an animal that had been running. She was ejecting gas from her stomach, and her face was suffused, bloated, and dark almost to asphyxia.

It was evening, and she had eaten a hearty dinner of sour-crout. He gave her an emetic, and she speedily threw off a large quantity, producing great and immediate relief. Still the convulsions were repeated. The os uteri was found to be dilating and dilatable, and he delivered her with the forceps, with the hope that this would relieve her, as he had been taught. The placenta was removed, yet the convulsions returned, again and again, and she died in spite of everything, v.s. included. In this case the patient was not purged. There had elapsed several hours since the ingestion of the food, and the brain and spinal marrow were materially injured before the stomach was relieved.

Another case occurred in a primipara. There was no œdema or fullness of system. The os was dilating, and all going well. Two hours after he was hurriedly summoned, and found her in convulsions. He opened both arms, allowed the blood to run freely, delivered her with the forceps as soon as possible, and, though she was blanched, the convulsions continued. The amount taken was fifty-four ounces. Various remedies were administered, without effect, and she was expected to die. He asked if she had eaten anything, and received a negative reply. However, he gave her a drachm of ipecacuanha, opened her jaws, and poured it down. She was then unconscious. In half an hour it acted freely, she vomited large chunks of meat; immediately opened her eyes, became rational, and had no more convulsions, and recovered excellently. She then acknowledged having eaten freely of cold meat during the absence of her attendants. This made a strong impression on his mind.

Another case was seen soon after he came to Philadelphia, also a primipara. In his experience, convulsions had occurred only in first labors. He was not, however, certain that the first instance referred to was a first child. This was an unmarried lady, who came to Philadelphia to be confined, and hide her disgrace. It was important to know the name of the father of the child, which she obstinately refused to disclose. In the midst of labor, Dr. A. asked the question, and immediately she went into a convulsion. This was from emotion alone. There was no œdema. He opened a vein in order to protect the brain and spinal marrow from the influence of the convulsion. He delivered with the forceps as soon as possible, but the convulsions continued. He had never seen the emptying of the womb check the convulsions. The usual means were employed, but without benefit. Having received a telegram requiring his absence from the city, he left her in charge of Dr. Grant. He returned next day, and found her the same, though Dr G., a skillful physician, had employed every means to arrest the excitement. Chloroform used freely had no good result, as the effect was but temporary. Believing the mucous surfaces of the stomach and bowels had a great influence in keeping up the convulsions, he gave her a drastic cathartic. She had thirty paroxysms. He gave her ol. tiglii, five drops, to be repeated in an hour. In three hours, the bowels were emptied, the convulsions ceased, and recovery soon followed.

He saw another case after delivery, in consultation. She appeared in *articulo-mortis*. The attack had continued two days and one night. Everything had been done, except to act briskly on the bowels. Croton oil was given in large and active doses. She was unconscious at the time, but when the catharsis ensued, she became conscious, the spasms ceased, and she recovered speedily.

In another case, though delivery was effected, the attack did not yield. She was bled, and the cathartic was about being given, when Dr. J. K. Mitchell arrived in consultation, who suggested another bleeding, without success. The oil was next given, it acted freely, and the convulsions ceased. In this case, fourteen drops of croton oil were given in divided doses.

In another instance, there was excessive anasarca, great puffiness of face and body, albuminuria, intense pain, and fullness of head. Copious bleeding was tried. The womb was emptied, and she was bled again. Catharsis was useless, and death ensued nine days after delivery. He believed the majority of cases recovered. He had had no experience with opium in this affection.

Dr. A. believed that the principal causes of puerperal convulsions were reflex, and that the disease may be maintained either by uterine, ovarian, vesical, gastric, intestinal, renal or other irritations; and for the proper treatment, it was necessary to keep this fact in view. He would still bleed merely to relieve the vascular congestion of the spine and brain, and to favor the action of other remedies. He would also, for the purpose of relieving spinal congestion, cup along the back, which would accomplish this object as well as general v.s., without debilitating the patient. He would also call attention to the value of position. The patient should not be allowed to lie on the back; this favoring spinal engorgement, while the tongue, in the state of unconsciousness, falls back on the glottis, producing asphyxia, and thus aggravating all the symptoms. Turn the patient on the side, rather inclining forward—the tongue will, by its gravity, aid in opening the larynx, and respiration will be more free, while the congestion of the spinal marrow will diminish from the same cause, particularly after the blood-vessels have been emptied by v.s.

Dr. Mayburry had seen these attacks in the ninth and second deliveries. He had been particularly unfortunate. He would ask the experience of a gentleman present who had been very successful with ether, Dr. E. Wilson.

Dr. Wilson had seen this affection in first and subsequent pregnancies, four times in one case. He had employed ether with good results. He had given it thirty-six hours consecutively, with a favorable recovery. Since 1854, he had seen 25 cases, of which 22 had recovered. He had never seen it without observing premonitory

symptoms that might put the physician on his guard. All these cases had albuminuria, and more or less œdema; all were of costive habit. In one case, at the seventh month, without a sign of labor, convulsions came on, followed by paralysis of the right side, lasting for twelve hours after bleeding. Ether was given, and the convulsions ceased. Four days after, labor set in, and she was delivered of a still-born child. He did not believe the presence of the child in the womb had any marked influence in continuing the convulsions, and he would disregard the indication for hurried delivery. In one case, years ago, he opened the head, and delivered in that way; but the convulsions continued, and the case proved fatal. In one case, the ether relieved after sixty-five convulsions. He kept the patient under the anæsthetic for six, eight, ten, or twelve hours. He believes the long-continued inhalation of ether corrects the poisonous element of the blood which produces the convulsions, and always controls it, unless there should be some lesion of the brain or central organs.

Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

PATHOLOGY AND TREATMENT OF PHTHISIS PULMONALIS.

Phthisis pulmonalis has been the subject of many an essay, and books, great and small, valuable and valueless, have been written, published, and read upon the same—remedies one after another have been brought forward as almost specifics for the insidious and slowly-wasting disease, and yet the fell destroyer continues to decimate the race. *Tuberculosis*, as ever, continues to produce paleness, emaciation, and death.

In the *Cincinnati Med. and Surg. News* for June, Dr. F. A. Anderson, of Elizabethtown, Kentucky, has an article upon the above subject. His *pathology* differs somewhat from other writers. Though we have not space to elaborate it, we shall make a quotation. He says:—

"Faulty innervation of the pneumogastric nerve is the primary cause of pulmonary consumption. Can we prove this to be so? Yes, we can, beyond the shadow of a doubt, if the cause of any other disease can be discovered by the process of rational induction. This nerve supplies the stomach, lungs, larynx, and œsophagus with their principal nerve power, and they are the first to show signs of an abnormal condition in the incipient stage of the disease, the symptoms of which occur a long time previous to the localization of tubercles—even previous to the occurrence of hæmoptysis, and are manifested by impaired digestion, quickened respiration, weakness of voice, and occasional difficulty of deglutition. Simultaneously, or probably previously, there is an abnormal quantity of phosphoric acid set free in the economy. Now we cannot say for certain that this acid is the product of diseased nerve structure; but one thing is certain, it detracts from the nerve power of the entire organism. We cannot say either whether it is the cause or result of nervous disorder, but in all diseases of the nervous system it is discharged in unusual quantity."

While upon the subject of pathology of tubercle, it may be well to allude to the opinions of another recent writer. Dr. C. R. Curtis, of Clarksville, Missouri, has an article upon this subject in the *St. Louis Med. and Surg. Journal* for September, and also in previous numbers. Dr. Curtis takes the ground that the first link in the chain of morbid action, which results in the formation of tubercle, consists in a *disturbance of the just equilibrium between the vital and chemical forces, acting in the ultimate cell structure of organs.* The minutiæ of his views, and the arguments by which he supports those views, we have not now space for. Prof. L. M. Lawson, as well as others before him, as many of our readers may know, in his recent work upon phthisis pulmonalis, holds to a still different view. He believes tubercle to be the product of the metamorphosis of the tissues, and is consequent upon an excess of metamorphosis or disintegration, over elimination or excretion.

Returning to Dr. Anderson's paper, we will briefly consider his suggestions in regard to treatment. He advises an avoidance of severe mental exercise, and moderate manual labor in the open air. Of remedies, he says:—

"We should administer that tonic which will produce the most durable and equable state of tonicity, one that will produce a moderate and continued exhilaration of the spirits, as well as adding to the physical strength. The best tonic for this purpose is *arsenic*, given in the form of Fowler's solution. It should be given but once a day, directly after breakfast. Two drops is the dose to begin with, increasing one drop every day until we administer as high as ten drops. The patient should continue this dose for as much as two weeks and then begin to diminish, taking one drop less every three or four days until he gets back to the original dose; then, after continuing to take two drops a few days longer,

there should be an interruption of about a week, after which it should be repeated in the same way."

We do not see the necessity of commencing with such small doses in the adult. Our dose is from six to ten drops taken three times a day, two or three weeks out of four. In this connection, we propose to relate a case that we regard as one of much interest, and which occured to us before the article by Dr. Anderson came to our notice. About six months ago, we were called to see a child, aged one year. The parents thought the head of the child was unnaturally large, and growing out of shape. The child was a male, and was fat even to obesity and deformity; we did not think it advisable to prescribe, and tried to quiet the fears of the parents. Two months later we were called to prescribe for the child for diarrhœa and unusual restlessness, and persistent crying without apparent cause. The appetite was now very poor, and emaciation had commenced and was progressing with considerable rapidity. The case was carefully examined, and we thought we saw evidences of meningeal tuberculosis. The bowels were unnaturally large, and mesenteric tuberculosis was very apparent. Treatment was now instituted, the minutiæ of which we have not now the time to detail. Two months later the child was much emaciated—the color of the skin was that of white wax; the lips were without color; the ears were nearly transparent; there was still no appetite; the diarrhœa, in spite of remedies, was still continuous; movements from six to twelve times a day.

About this time, my friend, Prof. S. R. Percy, of New York, while visiting at my house, saw the case. He considered it a well-marked case of *tabes mesenterica*, with probable meningeal tubercular depositions. He gave an unfavorable prognosis. From this time emaciation was very rapid. Soon the lungs became involved. A persistent and harassing cough severely taxed the strength of the now greatly-enfeebled patient. Quick and labored breathing became a prominent symptom, and death seemed imminent. Emaciation had progressed to that point that the patient seemed all head and bowels. The limbs had been unusually plump—now the skin hung in folds about the almost muscleless bones. The eyes were frightfully large, and painfully glossy. The diarrhœa was still as troublesome as ever. The appetite was utterly wanting. The pulse was so quick as to be almost uncountable; the breathing was very quick, and so labored as to be heard some rods away. We had encouraged no hope, and looked for death every day.

For the constitutional symptoms, iodide of potash, iodide of iron, syrup of the phosphates, quinine, wine, brandy, etc., had been used with all faithfulness. For the diarrhœa, opiates and the most powerful vegetable and mineral astringents had been used, and even creosote, which has seldom failed us, did no good in this case.

When we expected death every hour, and with no hope of permanent relief, we made the following prescription: Fluid extract of belladonna, Fowler's solution, of each one drop; iodide of potash, half a grain; water one drachm; mix for a dose, to be repeated every three or four hours. The symptoms began to improve at once. Since, when I have inquired after the child, the friends have said: "Since you commenced the arsenic, there has been no bad symptoms." Now, after two months, the appetite is good, the bowels are regular, the child is rapidly gaining flesh, and seems in good condition for ultimate recovery. We confess we have never before seen such marked improvement under treatment. The patient is cheerful and playful, the breathing is natural, the pulse is good, the cough gone, the head symptoms absent, the bowels diminished in size, and that peculiar knobbed feel very greatly lessened.

We have used arsenic, in connection with iodide of potash and belladonna, several times before, with very marked effect, and really most unexpected and happy results, in several cases of severe chronic cough, connected, as we supposed, with a scrofulous or tubercular cachexia.

We have faith to believe that arsenic will yet be found to fulfill many indications hitherto unrecognized, and, in this connection, we would refer to our *Summary* for last week.

Since writing the above, we notice, from an abstract in the *Boston Med. and Surgical Journal* for December fifth, copied from a recent number of the *British American Journal*, that M. Bouchut regards arsenite of soda as one of the most efficient agents with which to combat scrofulous and tubercular cachexiæ:—

"Arsenic," says M. Bouchut, "is one of the best of our tonics, and it is a powerful succedaneum of iron, quinine, or cod-liver oil, and for this reason it is efficacious in most organic and nervous cachexiæ when the resulting disorders have not become too considerable or too inveterate. In scrofulous cachexia it is an excellent

remedy, children under its influence generally recovering their strength, color, and appetite."

It is but just to observe that M. Bouchut does not regard such improvement as likely to be permanent. It may be regarded as a little singular that several have independently, and almost simultaneously, observed this beneficial influence of arsenic over tuberculosis and similar affections.

DIPHTHERIA.

In the *American Medical Times* for October nineteenth, Dr. Ezra M. Hunt, of New Jersey, has an article upon the subject of diphtheria. Last week we referred to the opinions of Dr. Plimpton —in his article, of which we gave a summary, he spoke highly of chlorate of potash as a prophylactic. Dr. Hunt holds to the same opinion. He says:—

"The very fact of taking something as a preventive has a valuable control over mental excitement, and the chlorate of potash being itself a tonic, is no less a safe than an efficient remedy."

Dr. Hunt speaks highly of early treatment, and says: "Every case seen in two days after attack recovered; those not seen until four days or after, all died." We believe much depends upon early and judicious treatment; but that any treatment, however early instituted, will save all cases, is quite too much to expect. Dr. Hunt's article contains nothing novel in regard to treatment. He would use quinine liberally, and says:—

"I have never seen the disease which, as a rule, will so well bear the use of quinine, citrate of iron and quinine, wine-whey, and the best of food."

At a meeting of the Medical Society of the County of Kings, as per published Transactions in the *American Medical Monthly* for September, the subject of diphtheria was under discussion. Dr. Bell inquired if any of the members present had observed the *recurrence* of the disease in the same patient. "None present knew of any case of second attack." It has been our fortune to see two such cases. About eighteen months ago, we attended a lady, aged about forty-five years, suffering from diphtheria —we discharged this same patient about a week ago, after recovering from her second attack. In the same neighborhood our second case occurred. A young lady, aged about eighteen years, had the disease about the same time that the case just referred to had her first attack. In August last the disease prevailed in the locality of her home, and two cases, one very severe and fatal, in the same house. At this time the young lady had a second attack, though not severe. Before completely recovered, she went some fifteen miles away to attend school. About two months later she was brought home sick, with quite a severe form of diphtheria—making her third attack, which was the severest.

Dr. Enos said he had seen cases of apparent paralysis of the muscles of deglutition, causing regurgitation of fluids through the nostrils on attempting to swallow. We have seen such cases, as we have on a former occasion stated; but we have looked in vain, in all the papers upon diphtheria that we could get possession of, for an expressed recognition of this symptom by others.* We have certainly seen cases that could not swallow, when there was not sufficient swelling or accumulation of deposits to account for the symptom.

Dr. Ball's treatment is thus given:—

"His treatment is not to stimulate in early stages of disease, but to give calomel in small and repeated doses, combined with antimonial powder and nitrate of potash as an antiplastic. As soon as the formation of membrane is arrested he then gives Dover's powder as a sedative, quinia, and stimulants. Stimulants he thinks *very* unsafe in the early stages of the disease; has had about sixty cases within two years; treats it on same principle as membranous croup."

Ordinarily our patients have borne stimulants remarkably well. When a patient has had a relish for egg-nog, and would take it freely, we have had no fears, and have never lost such a case. Unfortunately, often, when we most desire its aid, the patient will not take it, or else cannot swallow.

The partial palsies, that so often accompany or follow diphtheria, give evidence of the profoundly disturbing perturbations to which the nervous system is subject in this disease, and perhaps will reasonably affect our treatment. It is probable that quinine and strychnine may be found to have a powerful and favorable influence

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* Since writing the above, we find that M. Trousseau has referred to the subject. Entering rather fully into the subject of diphtheritic paralysis, he simply alludes to difficulty of swallowing as possibly having this connection. He alludes, also, to a symptom we have not observed—an enfeeblement of the virile faculties, extending sometimes to the most complete anaphrodisia. Had we inquired for the symptom, possibly it might have been present.

over this cerebro-spinal disturbance, while arsenic and the chlorates may affect favorably the septic tendencies of the disease.

OXIDE OF ZINC AS A REMEDIAL AGENT.

In the *American Medical Monthly* for November, Dr. S. Waterman has an article upon the therapeutical employment of oxide of zinc. After remarking that this remedy "exerts a powerful sedative or soothing influence over the brain and the ganglionic nerves," he makes the following therapeutical suggestions:—

"1. In *Delirium Tremens*.—Indeed, when all other remedies seemed to fail, when opium and its kindred narcotics had been unable to make any impression, and a fatal issue seemed unavoidable, oxide of zinc has in several instances rendered me signal service, and fully to justify the confidence I feel in its therapeutical power. It need not be given in large doses even here; two to three grains every two hours are sufficient. It may be combined, if necessary, with opium or other remedial agents; and its use should be continued for some time even after the delirium has been overcome.

"2. In *Eclampsia Infantilis*, after the fits have been broken by the free use of chloroform, zinc will be found a very serviceable agent to control the cerebral and nervous agitation, which almost always still harass the little patient for a short time. I have often combined oxide of zinc, in grain doses, with calomel, digitalis, and pulv. scillæ. Its effects have been the most gratifying, and the impartial practitioner can certainly readily verify the truth of the observation. As in the former disease, its use ought to be continued after the convulsions themselves have disappeared.

"3. In the *eclampsia* happening during pregnancy or labor, or menstrual irregularities, oxide of zinc acts beneficially upon the sensorium, with or without the administration, at the same time, of opium and calomel; especially in those cases where the convulsions originate from a high state of nervous sensibility, as is the case in subjects to hysteria, in its various forms. After the employment of chloroform, zinc will be found to exert its sedative influence in a most positive manner. I have given two or three grains per dose every two hours, and would not advise a larger dose. In convulsions produced by plethoric habits, its effects are less reliable; while in convulsions arising from uræmic toxicatio, its effects have not been sufficiently tried to warrant any positive statement in its favor.

"4. It will be found a most reliable agent in the various forms of *hysteric convulsions*, depending, as they do in most cases, upon inordinate action of the nerves and their centers. It is in these cases that its influence over the plexus of the stomach is most strikingly verified.

"5. In the *exanthematic diseases*, when the eruption is accompanied by cerebral irritation, and even by convulsions, oxide of zinc has long been known to exert a soothing effect upon the nervous centers, and has been used by the most experienced European practitioners.

"6. I have treated a few cases of *epilepsy* and a few cases of *chorea* with zinc. I have not had sufficient opportunity to watch its influence, but believe it to be, as stated by various practitioners from time to time, for more than half a century, a very efficacious remedy in some cases; more especially it is true of chorea than of epilepsy.

"7. European writers recommend it as an excellent remedy in asthmatic difficulties and hooping-cough; but I have no experience to offer on this head, nor on the three following.

"8. In England and in this country it has been very highly extolled against the night-sweats of phthisis, and as useful in all cases of profuse perspiration.

"9. It has also been well recommended against worms, and still more against chronic dysentery.

"10. To complete the list, I must yet mention that it is reported to have cured some of the most obstinate cases of intermittent fever."

Dr. Waterman says the estimates he places upon this remedy are based wholly upon the results of his own experience and observation.

NEW RHINOPLASTIC OPERATION.

IN the *San Francisco Medical Press* for July, Professor E. S. Cooper describes a new rhinoplastic operation. He says:—

"We have had several cases recently, in which we practiced, with entire success, the method of introducing thin arched plates of virgin silver into the soft tissures, to hold them up when the bones of the nose had been lost. Thus far, they bid fair to succeed admirably, as there is every prospect that these plates will become encysted, in most cases, though time enough has not been given to test the method in this respect. There is one advantage this plan has over that of transplantation, viz., that it entails no additional deformity, even should it fail entirely in relieving the one for which it is tried, and we believe that, in all cases, it may be rendered beneficial, where bone structure alone has been lost. We have a case under treatment now, in which a considerable part of the ossa nasi, the vomer, and a fragment of the superior maxilla were lost—so much so, that the major part of the tissues representing the nose rested entirely below the surrounding surface. A more disagreeable deformity of that organ could not possibly occur."

In this case the integuments were raised and dissected each way for nearly two inches, and "two arched plates of silver, shaped like the ossa nasi, were introduced and the integuments brought over them, so that the nose at once assumed the natural shape of one pretty well formed, which it retains still, six weeks after the operation."

GUNSHOT WOUNDS PRODUCED DURING THE LOADING OF ARTILLERY.

Dr. Cortese relates five cases, and gives the following summary of his observations: "No other blow of a projectile imparts so great an amount of commotion to the entire limb, and the surgeon is, therefore, compelled to direct his attention to the whole extremity, whatever amount of lesion may be manifest in the hand. A neglect in this regard may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration, while a diminished power of reaction in the injured parts may give rise to purulent infection, or render amputation useless. When the hand is severely torn, its disarticulation, and even the amputation of the forearm, is insufficient to secure recovery, because the tissues are more or less destroyed in their intimate structure in consequence of concussion. In such cases, the arm should be amputated. The sooner amputation is performed, the greater is the probability of a favorable result. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When no fractures are detected in the diaphysis of the bone, some lesion in the ulnar articulation must be suspected. When the lesion does not seem severe enough to call at once for amputation, we must be prepared for secondary occurrences, which will unfit the limb for its functions. Still, conservative treatment should, in such cases, be attempted."—*Brit. and For. Med.-Chir. Review.*

EXTENSIVE INVAGINATION.

The *Medical Times and Gazette* reports the case of a child, three and a half years of age, in which the cæcum, ascending and transverse colon had become invaginated into the descending colon, sigmoid flexure and rectum, and projected two and a half inches through the anus. The part protruding through the anus was found, at the autopsy, to be the inverted cæcum and appendix vermiformis.

The Experiment with the Camel.—The *Scientific American* states that the use of camels in California for carrying freight is considered in some respects successful. They are employed in carrying salt over a distance of one hundred and forty miles. They are said to be docile and tractable, and very easily fed, eating all kinds of grasses, thistles, and willows. Their carrying power as well as their speed are said to have been overrated, being not greater than that of mules, or, at times, that of oxen. The greatest difficulty exists in the softness of their feet; on rocky ground the foot becomes tender and swells up, and the skin cracks, making the animal lame.

REVIEWS AND BOOK NOTICES.

Notes on the Surgery of the War in the Crimea. With Remarks on the Treatment of Gunshot Wounds. By George H. B. Macleod, M.D., F.R.C.S., formerly Surgeon to the Civil Hospital at Smyrna, and to the General Hospital in Camp before Sebastopol; Lecturer on Military Surgery in Anderson's University, Glasgow, etc. Philadelphia: J. B. Lippincott & Co. London: John Churchill, 1862. pp. 403. Price $1 50.

This is the only full British medico-military account of the war in the Crimea, or, as we in this country call it, the Russian war. It is written by one who had extensive opportunities of observation in the medical department of that terrible campaign. As it illustrates the surgery of modern warfare, showing the effects of missiles which have been most recently introduced, and which were unknown when the text-books on military surgery were written, the work has special interest for us at this eventful time.

Our countrymen will see with surprise how unprepared was the great and warlike British nation for commencing such a contest, how slow in movement, irregular, and badly provided was the beginning of the campaign, and how inhumanly the government allowed its brave soldiers to die from privations and avoidable disease. The contrast with the rapidity of organization of our own immense army, with its unequaled arrangements for the comforts of its soldiers, and the efficiency of the medical department, will impress every American reader. The food furnished the British soldiers during the first winter in the Crimea was deficient in quantity and quality, and with but little variation from the monotonous ration of salt pork and biscuit. Coffee was allowed, but it was served out raw, and was almost useless. The absence of fuel, or the difficulty of getting it, induced the men to eat their salt pork almost raw, or merely toasted at their meager fires. During the first winter the soldiers wore the same clothing in which they sailed from England, and by the time the weather became intensely cold this was worn to tatters. "The one only blanket which each soldier possessed afforded, even when dry, but a feeble protection against the cold of the tents, but as he generally carried the same blanket with him into the trenches, it was commonly dirty and soaked with water when he came to sleep in it at night. The soldier's boots were seldom removed when he lay down to sleep, so firmly adherent were they to the swollen feet."

It is not to be wondered at that, under such unfavorable circumstances, more than one-half of the army were, at one period, on the sick list. In January, of the first winter, the number of sick was 12,025, while the number fit for duty was 11,367.

The following paragraph, from Dr. Macleod's book, will give an idea of the wretchedness endured during that terrible season:—

"Day after day passed in severe bodily exertion

and anxious watching — one moment digging laboriously in extending the approaches, and the next with arms in hand repelling the assaulting enemy; almost always wet; exposed without cover to the drenching rain and soaking snow, the keen frost and biting wind; standing for days in wet mud; constantly either unnaturally excited or depressed; ever in danger and without hope of a change; their dirty humid clothes in rags, their bodies covered with loathsome vermin, which seemed to grow out of their very flesh; no comforts in their wind-pierced tents on the bleak plateau; no fires, unless, weary and foot-sore as they were, they dug beneath the snow-covered sod for wet roots, wherewith to kindle a feeble and tantalizing blaze; without food till, after hours of persevering exertion, they managed to half cook their unpalatable ration over their winking fire; huddled into a crowded tent to pass the night in a close, noisome atmosphere, on the oozy ground, covered by the same blanket which protected them in the wet muddy trenches; longing for the morning, though its early dawn was signaled by the bugle sound which called them to a renewal of that dread task whose severity made them yet again sigh, 'I would to God it were night!' This sketch is no exaggeration. It is true, though difficult to be realized, even now, by those who themselves saw it. Can we, then, find anywhere else in reality—nay, can we, by the utmost stretch of imagination, conceive a more fruitful field for the seeds of disease, or the harvest of death, than is here presented to us in the camp of the weary, anxious-minded soldiers who fought so gallantly, endured so constantly, or died so nobly, and who now consecrate by their humble graves the green hillsides and lonely valleys of the Crimea?"

And be it known that, while all this suffering was being endured, abundant clothing, and many necessaries, by which hundreds of lives might have been saved, were lying on board vessels, or in storehouses, within reach of the soldiers, but, unfortunately, fast "bound up with red tape," and with no authority for their distribution.

We recommend the perusal of the work particularly to all army surgeons, yet it will, we think, be a highly interesting history to all classes of medical and general readers. Perhaps not much has been gained to military surgery strictly, by the experience of the Crimea. The war was but a short one, and the medical departments of the allies seem to have been managed with so little system as to have furnished few scientific data; but a terrible lesson on the neglect of sanitary measures in an army has been impressed.

The publishers have done a great favor to the profession by rendering this interesting work accessible to all at a trifling cost.

Jenkins's Vest-Pocket Lexicon. An English Dictionary of all except Familiar Words; including the principal scientific and technical terms, and foreign moneys, weights, and measures. Omitting what everybody knows, and containing what everybody wants to know, and cannot find. By JABEZ JENKINS. Philadelphia: J. B. Lippincott & Co., 1861.

The title-page of this little book expresses what the work claims to be. The general utility of a dictionary is certainly to define that which is least likely to be known, and it has been the object of the author to present all words in the language which are liable to be sought for by readers; thus disencumbering the book by omitting those which are familiar to all, and so reducing the size of the volume as to be convenient as a pocket manual. All other abbreviated dictionaries, which we have seen, have, in order to economize space, excluded the rare and technical words—those, indeed, which are least known, and most sought.

Notwithstanding the miniature appearance of the book, it will, we believe, be found, for most practical uses, a full dictionary of the language. We have thoroughly tested it on what schoolboys would call "hard words," and found it not wanting.

Every means that will render information more conveniently accessible to the masses is of great importance, and this little lexicon, which may always be at hand, is, in that view, invaluable. We commend it to medical and other students, as it is composed, for the most part, of technical and scientific terms.

The mechanical execution of the book is exquisite neatness.

Eulogy on the late John W. Francis, M.D., LL.D. Being a Discourse on his Life and Character. By VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery in the University of New York, etc. etc. Delivered before the Academy of Medicine, New York. S. S. & W. Wood, 1861.

The interest in this beautiful memoir of the loved and venerated Francis is added to by the great respect every one in the profession feels for its famed author. The names of Francis and Mott have, for a long time, stood the greatest among the savans of New York. The former is now, after a long life of usefulness, numbered with the great departed; while the latter, with a brow blanched by the snows of life's winter, and crowned with honors, bids, in this eulogium, a farewell to his lost friend, colaborer, and companion. We have always mentally associated these two eminent men, and, while one has gone where in immortality his youth shall be renewed, we rejoice that the other lives to enjoy in health his well-earned honors. The sympathy between them, and the contemporary labors of these two worthies, is thus briefly alluded to by the eulogist:—

"The lines of Dr. Francis and myself, as is well known, have been parallel, and over the same ground for more than the period usually allotted to man, and our mutual friendship has been lifelong and close; as tender, I believe, during the

last years, as when, more than a quarter of a century ago, he called his son by the name of his friend. Together, O companion of my youth! we saw this city pass from its former simplicity to its present grandeur—together we saw the white-winged sailing vessels in the bay superseded by steamers that walked upon the waters, pillars of cloud by day, and of fire by night—together we saw these steamers succeeded by locomotives, compared to the speed of whose flight 'the tempest itself lagged behind;' and together we saw those iron chargers succeeded by a telegraph, whose ethereal messengers outstrip the very arrows of light. Together we had journeyed up the hill of life—together we had enjoyed the prospect from the summit, and together we had commenced to descend—

'But where the path we walked began
To slant to its autumnal slope,
As we descended, following Hope,
There sat the shadow feared of man;

'Who broke our fair companionship,
And spread his mantle dark and cold,
And wrapped the formless in its fold,
And dulled the murmur on thy lip;

'And bore thee where I could not see,
Nor follow, though I walk in haste,
And think that somewhere in the waste,
That shadow sits, and waits for me.'"

We have read with a sad enjoyment, and, we hope, with profit, this discourse on the character and labors of one who, in life, was our ideal of a true physician; and we would advise all, who would preserve a memorial of one of our country's greatest and best men, to secure a copy of the eulogy.

The Pathology and Treatment of Venereal Diseases: including the Results of Recent Investigations upon the Subject. By Freeman J. Bumstead, M.D., etc. etc. With Illustrations on Wood. 8vo., pp. 686. Philadelphia: Blanchard and Lea, 1861. (Second Notice.)

This work will, in our opinion, be generally recognized as one of the most important and valuable that has ever issued from the American press; in fact, we know of no book on the same subject which is superior to it. Dr. Bumstead has brought to bear in its preparation a wide range of reading, and extensive clinical experience, and a spirit of philosophic inquiry. His style is clear and forcible, and wholly free from the flippancy to which so strong a temptation seems to exist in the discussion of venereal diseases. We sincerely regret that circumstances compel us to bring the present notice within the shortest possible limits, for we should have been glad to follow our author in his reasoning upon the questions which have so much perplexed the syphilographers of late years. As it is, however, we must be content with giving our readers an idea of the positions maintained by him, leaving them to examine his arguments for themselves.

Dr. Bumstead believes that there are three forms of venereal poison: that of gonorrhœa, that of chancroid, and that of chancre, or the true syphilitic sore. In other words, he adopts the views adhered to by the French school, the chief exponents of which, hitherto, have been Ricord and his pupil Fournier. As our readers are probably aware, these gentlemen assert that the simple or soft chancre, more appropriately called the "chancroid," is destitute of constitutional sequelæ; and that the true, hard, or infecting chancre, itself the result of a taint in the system, is infallibly succeeded by those phenomena. Each of these forms of sore has its origin in inoculation, and matter from each, applied to the broken skin, induces a sore like that from which it was taken. They may coexist in the same person, neither preventing the occurrence of the other, they may even be combined in the same ulcer. But, while the chancroid is capable of frequent reproduction, until the system seems to lose its susceptibility to the poison, the hard chancre occurs but once, and, as a general rule, a person who has once had it is ever after exempt.

The gonorrhœal poison, unlike that of either chancroid or chancre, may arise spontaneously, or, at least, apart from any true contagion; as, for instance, from intercourse with women laboring under leucorrhœa, or the menstrual flow, from errors in diet, fatigue, excessive coitus, masturbation, or even from a gouty or rheumatic diathesis. Dr. Bumstead believes, also, that there is a true gonorrhœal rheumatism.

The subject of syphilization is, as a matter of course, discussed in the work before us. Dr. Bumstead agrees with Danielssen, that the efficacy of this plan is owing to the depurative process involved in the existence of a large number of chancroid sores. But, while conceding its beneficial effects, he expresses the opinion that this method must be shown by irresistible evidence to possess very great advantages over all others, before its advocates can hope to see it generally adopted in this country; and we think he is quite right.

Such are the leading doctrinal features of this excellent volume. A work of the kind has been needed for years, both by students and practitioners, and we are glad that the gap has been so ably filled. Many readers will welcome so skillful a guide through the mazes of doubt and perplexity which have surrounded the study of venereal diseases, and, we doubt not, that many a patient also will be unconsciously indebted to Dr. Bumstead for the light he has thrown upon this branch of practice.

In conclusion, we must commend the enterprise of the publishers in issuing a new medical work at so unfavorable a crisis. S. D. G.

Baron Larrey. A Lecture by D. Hayes Agnew, M.D., Surgeon to the Philadelphia Hospital; Lecturer on Anatomy, etc. Published for the Class. Philadelphia: Lindsay and Blakiston, 1861. pp. 59.

It is remarkable that the French nation, who

revere the name of Larrey, their own and the world's great model military surgeon, should have produced no full memoir of him. Perhaps the apparent neglect may be owing to the fact of his having really written, in familiar volumes, his own military autobiography, leaving to those who would honor his memory, nothing but simple eulogy. His memoirs of his campaigns are extraordinary records of his devotion, at the same time, to patriotism and to medical science.

In collecting from scattered sources the memorials of Napoleon's great military surgeon, Dr. Agnew has, in his usual erudite and laborious manner, done a great favor to the profession. This lecture is the most complete memoir of him which has yet been produced, and as our present national emergencies have renewed our interest in its subject, we commend its perusal particularly to those patriotic surgeons in our army who would emulate the noble devotion of Larrey.

The science of medicine does not consist in one idea nor a single remedy, the offspring often of a distempered imagination, "a maggot in the brain." The satire of Le Sage upon Sangrado and his apt pupil, Gil Blas, is as true in its application to our day as it was to his. Profuse bleeding and plentiful draughts of warm water, nor any other exclusive plan of treatment, is rational; nor does science consist in treating all throat ailments by excising the tonsils, clipping the palate, or cauterizing the upper air-passages with nitrate of silver, or probing so deeply with an imperfectly guarded instrument as to penetrate the gullet, and let out the life of the patient suddenly. Neither is statistical medicine entirely scientific. We cannot bring mankind, diversified as he is in character, both moral and physical, and changed from his original nature by modifying circumstances of sex, climate, culture, situation in life, and occupation, wholly under the tyranny of figures. Figures may be made to as often falsify as tell the truth, and fiction is more readily stated than fact.—*Dr. McPhail's Address.*

Physicians in the present day should justify the appreciation of Sir Thomas More, who found in the physicians of his time men of unsurpassed intelligence out of the immediate sphere of their profession. He that knew nothing out of his profession, and is redolent of the shop, may be readily conceived to have but an imperfect knowledge of even that. Science consists not in our profession, in experience alone. The old fogy, who rides still upon his rawboned horse along hard roads, and mounted upon a porcupine saddle, clad in cob-web breeches, while he could go easily on his journey's end upon a railroad, and yet prates of his experience, is then no representative of the science of our profession. The younger and enterprising are the great sources of intelligence with us; panoplied in science and ardent in the pursuit of knowledge, they give birth to the useful and practicable.—*Dr. McPhail's Address.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 28, 1861.

THE SANITARY COMMISSION—*CUI BONO?*

We are not among the number of those who have expected any large amount of good to result from the organization and operations of the Sanitary Commission. We have never been able to see the necessity for its existence either as an auxiliary to the medical bureau of the army, or as a medium through which the large-hearted beneficence and sympathy of a patriotic people should reach the sick soldiers in the hospital or the wounded upon the battle-field. And yet we have been disposed to recognize it, to a certain extent, as one of the humane organizations of the day, whose purposes and ends, so far as they appeared, were good, and to give it due credit for all of good it accomplished. Accordingly we have from time to time chronicled its movements, commended its operations, where, in our opinion, justice required it should be done, and have felt no disposition to hinder its progress. But we frankly confess our faith in the organization has not been increased. We have seen no reason to question the correctness of our first impressions regarding it, viz., that *its plan of organization was too limited, that no necessity exists for it*, and that *the results to flow from it*, aside from the sanitary maxims it might inculcate or elucidate, would never be commensurate with the large conceptions of its originators. The sequel has only served to confirm these impressions.

In regard to its organization: it is the offspring of a particular locality; its original members were, with one exception only, from one city of this great republic, and that at a distance from the seat of government. The controlling power was thus vested in a single locality, and in individuals all of whom are not recognized as the most prominent exponents of sanitary science. It is a mixed commission, neither a medical nor yet a clerical, nor yet a legal, nor yet a military or a civilian's, but a mixture of law, theology, civil, and military experience, with medicine, legitimate and illegitimate, sandwiched between. Theology leads, law brings up the rear; while medicine forms a *quasi* medium of connection between the two, playing a second or soprano, where its voice should lead and guide the whole orchestra. So far as the local origin and control of the san-

itary commission is concerned, it is a matter of comparatively minor importance. In relation to that point we have only to say it should have embraced all the principal cities of the country. It should have comprehended in its initiative organization, the largest and best sanitary experience that could be found; it would then have commended itself as an association better worthy the co-operation of medical men. But the latter objection has the greater weight and force in our apprehension. The peculiar province of the science of medicine is invaded by this attempt to commingle lawyers, theologians, and civilians in a sanitary commission. The lawyer has his peculiar sphere, the theologian his, the civilian his. Suppose the lawyer should gather around him the mechanic, the artisan, as such, together with the theologian, to form "a commission of inquiry and advice" into the theological "interests" of the church? Or, suppose the theologian should organize a "mixed commission" of doctors, lawyers, haberdashers, civilians, and scullions, to give advice and council to the lawyer as to the best method of conducting his case or the application of law? Would not each of these departments of law and theology deem their province invaded by such a "commission?" and would not each member of those professions reject with scorn such attempted interference with their duties and prerogatives? So also the science of medicine has its peculiar province. It comprises in its scope all that pertains to hygiene as well as therapeutics; all that relates to prevention as well as the cure of disease. It is at once the originator and patron of sanitary regulations. In all these departments it has labored during the long years of the past in vain, if a "mixed commission" shall now wrest from it its crown.

But further, we have observed no necessity for the existence of such an organization. We find in its statement of "powers sought," and "specific objects aimed at" nothing that does not come within the appropriate purview of the medical bureau of the army. Nor do we find any evidence that the latter is inadequate to the performance of all its varied duties, after suitable time had elapsed to enable it to accommodate itself to the increased amount of labor required. A mighty army to be provided for in all its sanitary details of camps, hospitals, and supplies was improvised at once upon the department, set down as it were from the heavens above. And yet how rapidly and completely were all the necessary arrangements made to supply the wants of the mighty host! The machinery which has in all our past history wrought out noiselessly and unostentatiously the problem of all our sanitary regulations, and which has accumulated to itself all the rich experience of the wars of the past, quietly began its revolutions, giving to each camp and hospital, each sick and wounded soldier the benefits of "the fullest and ripest teachings of sanitary science." We have heard no complaint of inefficiency, "negligence or incompetency," in the members of the medical staff, nor yet of inability to adapt the system to the pressing emergencies of the time. to expand and enlarge its dimensions, or to increase its numerical force to such numbers as should render it vigorous and efficient. What necessity then, stern and compulsory, existed, which should require a "mixed commission" of law, theology, and medicine, to inquire into and advise in regard "to the sanitary interests of the United States forces?"

But grant that the necessity did exist; that in this war of colossal dimensions, in giving force and energy, and system to sanitary regulations in the camps of the noble volunteers; in locating camps and hospitals; in suggesting and carrying into operation means for "the prevention of sickness and suffering among the troops," and in providing a medium through which the overflowing benevolence of the people could manifest itself for the comfort and health of the army, a Sanitary Commission was urgently needed. Grant all this and more, if more be claimed, and then we put the question in all sincerity—What necessity *now—to-day—exists* for such an organization? If army and hospital supplies were ever deficient, they are not now. If camps and hospitals for the sick and wounded were ever badly located or indifferently organized, they are not so now to any great extent. If ambulances and modes of conveyance for the wounded on the field of battle were ever wanting, they are not now. If irregularities and crudities existed in the medical department of the volunteer forces, they are fast becoming remedied by the adoption of the same regular systematized plan of operations, so effective in the medical bureau of the regular army. If the soldier who fell sick, or who was wounded, had not at first all the care which humanity would have dictated, or all the comforts and delicacies which affection could tender, even that deficiency is in part supplied,

so that the necessity (if so that may be called which existed only in imagination) which gave birth to this "mixed commission" has now passed away. The enthusiasm which greeted its appearance upon the stage, and which showered upon it a profusion of delicacies and bade it be the swift-winged messenger to convey them to the lips of the brave but suffering defenders of the constitution and laws of our country, has passed away: the solid and substantial, the permanent and enduring should now take its place. The realities of war as well as its horrors are upon us, and the dictate of large-hearted patriotism is to strengthen and invigorate the institutions we have, and to admit no rivals to hinder their free, onward, vigorous movement.

But this point will appear still more clear and forcible by a more particular reference to the complete organization of the Medical Department of the Army, which has been in existence since 1799.

The medical staff of the regular army is composed, at this present writing, of about two hundred and forty surgeons. This number is constantly being increased by the addition of those who pass the rigid and thorough examination required previous to their appointment, before the Medical Board of leading army surgeons appointed for that purpose. This staff has a regularly organized Bureau, with different departments, each department having its special head. There is the Surgeon-General's Department, Chief of the Army Staff, Medical Directors for the different divisions of the army, and Medical Purveyor. Each has its separate duties assigned, and each its numerous aids, *attachés*, secretaries, clerks, etc., to carry into operation its various requirements.

And still further, as an invaluable auxiliary, the same general system is adopted in the several States, by means of which, in connection with the former, the whole vast army is supplied with ambulances, stretchers, etc., for the conveyance of the wounded, and with surgeons and assistants of acknowledged skill and ability. Under the same general arrangement hospitals, regimental and general, are provided, together with all the etceteras of attendants and nurses. By the same organization the immense army supplies, medicines, wines, hospital supplies, furniture, bedding, clothing, even to *musquito-nets*, are distributed.

The system is, therefore, complete in all its details, and for aught that has yet appeared to the contrary, practical and efficient in all its operations. Whence the necessity, then, for another and a distinct organization to accomplish the same ends? Is it a fair presumption that "fifteen camp inspectors," with a dozen "commissioners," consisting of clergymen and laymen in part, who know little of camp duties, to say nothing of medical science, are better qualified to assume the sanitary control of the vast army of five hundred thousand men, to "direct and suggest sanitary measures" for their welfare, than those who have been trained and matured in the school of medical and sanitary science? that an organization, having no authority whatever to enforce any, the most vital sanitary regulation, that depends solely upon the charities of the people for its existence and vitality, can accomplish the end for which the organization of the Medical Department of the army, with all the resources of the government at its command, was instituted? And, besides, the sanitary commission was organized ONLY "*to aid the medical bureau, without displacing it*, or in *any manner infringing upon its rights and duties*." Having performed its mission happily and well, how appropriate that it should retire to enjoy the laurels it has won!

We shall soon resume this subject.

EDITORIAL NOTES AND COMMENTS.

Hospitals at St. Louis, Mo.—We have before us a report of the members of a sanitary commission, appointed by Gen. Fremont, "*to co-operate with the Medical Bureau*, and *under its direction*, in the selection, fitting up, and furnishing of hospitals, and in making all needful arrangements for the care and comfort of the sick and wounded—with special authority given, from time to time, to provide for cases not contemplated by the army regulations, and in *furtherance of its general design*." In the prosecution of their object, thus definitely stated, the commission "claim no other merit than that of *intelligent* and *hearty co-operation* with the Medical Bureau," and as the result of their labors, covering a space of three months, they report that "more than *twenty-five hundred* beds have been provided, in convenient and well-furnished buildings, with every comfort and attention that the sick and wounded can require, besides accommodations for *one thousand* convalescents, (if so many should need them,) at Benton Barracks." Hospital cars were fitted up with beds, and a nurse to go back and forth daily.

on the principal railroad routes from St. Louis, to bring the sick and wounded, with the least possible amount of suffering, to that city, as a hospital center; beds were prepared at the railroad station in St. Louis to accommodate those arriving in the night; three large general hospitals, in good localities, capable of accommodating six hundred patients each, well fitted up, and furnished with all requisite conveniences, have been provided at St. Louis; a special hospital for measles patients has also been fitted up; particular arrangements have been made for small-pox cases, so as to isolate them from the balance of the army; male nurses have been employed, at a small expense to the goverment, with a view to leave the soldiers to their proper service; women nurses are also employed, mainly from the "Sisters of Charity," of "Mercy," and of the "Holy Cross," numbering not less than *sixty;* the minor arrangements have also been carefully attended to, so that the commission "believes the hospital system and service of St. Louis and its vicinity to be the most complete and the best managed in the United States."

The expenses of the "commission" have been very small. They have received a large amount of contributions from various portions of the country, the distribution of which they have so systematized and regulated as to secure the greatest possible amount of good.

The whole number of sick and wounded received in the St. Louis military hospitals, from August 10 to November 11, have been 5200, of whom 185 have died, and about 1800 are now under treatment. A great many have been received in a dying state, and have lived but a few hours. Very many others have suffered from maltreatment, before coming, or have been so broken down in constitution that no human means could avail for their recovery.

To produce this large number of sick, they say several causes have contributed; among which they mention:—

1. Bad systems of recruiting, by which hundreds are enlisted who are utterly unfit for service. One-half of those in hospital ought never to have been admitted into the army.

2. The severe duties of forced marches and countermarches, and of the guerilla warfare which has prevailed in this Department—which none but veteran troops could endure without suffering, and which have been almost the entering service of our volunteer troops. The wonder is that, at the end of three months, so many are alive.

3. The season of the year, which is that when intermittent and typhoid fevers principally prevail.

4. And perhaps more than all, the crowded tents and imperfect sanitary regulations of the camps.

In conclusion, the committee say, "conscious of no indirect or selfish motives, they have sought no other favor or reward than the opportunity which he (Gen. Fremont) so kindly gave them, of doing a work of humanity and patriotism faithfully and well;" and having accomplished their mission, "their brief official connection with him has ended." And they leave the regularly constituted authorities of the Medical Department of the Army to carry into complete operation the work they have so happily begun. This is as it should be. A voluntary organization for a specific purpose may do much to aid, in a great emergency, nay, may be an invaluable auxiliary. And it commends itself to the confidence of the people when it evinces no desire to worm itself into the place of long-established regulations; but fulfills, quietly and unostentatiously, its mission.

Podophyllin in Secondary Syphilis and Gonorrhœa.—Dr. Brown, of Hampton, N. J., communicates verbally the result of the administration of this remedy in a case of secondary syphilis, of some weeks standing, occurring in his practice.

The case had been under treatment for some length of time. When he first saw the patient he had chancre, and the glans penis was bathed in pus. He had also the peculiar copper-colored eruption upon the whole body, and his hair was falling off. The doctor prescribed the podophyllin in half-grain doses, combined with carbonate of soda, to prevent nausea, and ordered a local application of precipitated chalk, calomel, and nutgalls in equal parts, reduced to an impalpable powder. No other treatment was used, and in two weeks time the man was entirely cured.

Soon after, a case of gonorrhœa (a second attack) presented itself, and he resolved to test the podophyllin without the aid of any other remedy. He accordingly gave the remedy as in the previous case, and in six days the cure was completed. These two cases are not of course sufficient to establish the fact that podophyllin has or has not any certain power as a remedy in syphilitic affections, but, taken in connection with the fact that English physicians are testing its virtues as a substitute for mercury, renders it a subject of sufficient interest to direct the attention of the profession to a fair trial of its properties in those diseases.

The Natural History Collection of the British Museum.—The projected buildings for the great national undertaking, under the charge of Prof. Owen, will require, it is said, five acres of ground. The collections include the specimens in geology, botany, mineralogy, and zoology. Some idea of the magnitude of the plan may be gathered from the fact that there are several species of the elephant, each of which must be represented; seven of the rhinoceros, not one of which is a type of the others. A gallery 850 feet in length, by 50 in width, will be required for the skeletons of extinct animals, and another for birds, reptiles, and shell-fish, and the 150,000 species of insects. And the fact that the Japanese crab measures twelve feet from claw to claw, will show that the class *articulata* are not wholly contemptible, but will need large space for their display; and then again there are 2500 species of the mammalia, each of which must have a place. Taking all these facts together, the projected buildings will be found to be none too large; and when completed, and the specimens all properly arranged and classified, it will form a most magnificent panoramic view of the past and present of the living earth, in which the student of nature or of comparative anatomy may always find new incentives to study and research. As a school of natural history, or regarded as an educational project, it is one of the most magnificent ideas ever conceived by any nation. We hope it may be carried out.

The Use of Opium and Quinine.—Apropos to the statement in a recent number of the REPORTER, giving the per cent. of these two remedies in the prescriptions of Philadelphia physicians, Dr. E. C. Tower, a pharmaceutist of long standing in Cincinnati, Ohio, gives the per cent. of the same article occurring in the prescriptions of the physicians of that city. We quote from the Cincinnati *Med. and Surg. News.*

"In one thousand prescriptions, opium and its preparations were found in 25 per cent.; quinine in 15 per cent.; other tonics 3 per cent. It will thus be perceived that while the per cent. in the case of opium is somewhat greater in Cincinnati, that of quinine is almost double. In respect to the seasons of the year in which quinine is most prescribed, he found that during the year 1860 there was no variation—in spring, summer, fall, and winter it seemed prescribed alike. In reference to other years he did not examine.

"The dose of opium, he reported, as rarely exceeding a grain; that of morphia ranging from one-eighth to one-half of a grain, the average about one-fourth. The dose of this latter has materially increased in the last twenty years—formerly it ranged from one-tenth to one-sixth. Whether this increase is due to the manufacture—its properties having been deteriorated in increasing the beauty of its appearance—or to a change in disease, or to the almost universal indulgence in narcotic stimulants, as tea and coffee, tobacco, malt and spirituous liquors which now prevails to a greater extent than ever, he is not prepared to express an opinion. He thinks, however, the latter condition of things has had an influence. The largest amount of morphia he ever knew prescribed was twenty-two grains in twenty-seven hours, in the case of a courtesan who had delirium tremens, and was an opium eater."

A New Remedy for Albuminuria, Diabetes, and various forms of Heart Disease.—Mr. J. Lightfoot, Jr., of London, England, has succeeded in making a magnetic phosphate of iron which is readily dissolvable in citric acid, and which, in the few instances in which it has been used, has proved quite effectual in the cure of the diseases above mentioned. It is given in the form of solution, does not precipitate with the syrup aurantii, like most of the salts of iron, and forms an agreeable chalybeate tonic. A cure is mentioned of a man fifty-six years of age, a laborer, who had for many years been afflicted with valvular disease of the heart, with hypertrophy; had suffered at times most frightfully from palpitation, and had not been able to do any work for the last three and a half years, the least exertion producing the most distressing effects. Even walking across the room would render him completely helpless for several minutes. He took five minims of the magnetic phosphate of iron, three times a day, for a week, when he was vastly better. The treatment was pursued for a month, when he was able to resume his work.

Another case is that of a female, who for nine months had suffered more or less from severe pain in each renal region, œdema of the lower extremities, and general debility. The specific gravity of her urine was 1008, and was perfectly coagulable at a temperature of 200° Fahrenheit. She was ordered to take the following mixture three times a day: solution of the magnetic phosphate of iron, six minims; iodide of potassium, one grain; water, one drachm. After taking eight doses, the albumen was diminished one-half, and on the seventh day not a trace of albumen was to be found. Specific gravity of urine was now

1021; the œdema of limbs was fast disappearing; the patient regained her appetite, and in three weeks time was convalescent. She now enjoys excellent health, is able to perform her household duties, and expresses herself as "perfectly well." With such results from its administration, the remedy is certainly worthy of trial. The particular formulæ for the preparation of this salt of iron is not given, nor are we informed why it is named magnetic phosphate. It is, however, said to be similar in its composition to the phosphate of the sesquioxide, but differing from it in being more soluble in hydrochloric or nitric acid, but *the* acid which most readily and freely dissolves it is the citric.

Appointment of Quacks as Surgeons in the American Army.—The *British American Journal*, in speaking of the appointment of Mr. Craven to the position of Brigade (not *Brigadier*) Surgeon, says: "Surely Dr. Finlay will see the propriety of canceling such an appointment as this, which must have been done in ignorance of the man's character." We would remind our contemporary that the Surgeon-General has no power to "cancel such an appointment." The examinations for the post of surgeons in the army are made by a Board, appointed from the medical staff, whose decisions are final in regard to qualifications, and the candidates receive their commissions from the President, through the Secretary of War. Mr. Craven is not a surgeon of the *regular* army, but of the volunteer forces, which removes him still further from the Surgeon-General, and renders it impossible to displace him, unless by complaint made and sustained against him before a proper army tribunal. The whole affair is a disgrace to the profession, and one of the keenest edges of it is its virtual indorsement by the administration.

Our valued contemporary, the *British American Journal*, is usually very scrupulous in giving due credit for any articles it quotes from our columns; its failure to indicate the source of the excellent article on Narcotics, which we are glad to have it copy, is therefore excusable.

Tight Lacing.—We had supposed this most silly and destructive practice was entirely abandoned. But it is not. The wasp waist, the most complete caricature of all beauty or comeliness, is yet occasionally seen, but it is not so common as in former days. An instance of its direful effects we find in a late journal, and we transfer it to our columns as a sad warning to those who still persist in the suicidal practice.

"At the Hôtel-Dieu, the great hospital at Paris, a young girl of eighteen lately presented herself to M. Breschet, for his advice. On the right side of her throat she had a tumor of variable size, but never bigger than one's fist. It reached from the collar-bone as high as the thyroid cartilage, (called in common language, Adam's apple;) when pressed downward it wholly disappears, but returns as soon as the pressure is removed; it is indolent, soft, and elastic. It is observed to be largest when the chest is tightly laced in corsets. In short, by placing the ear on it, the murmur of respiration can be heard in the tumor, which proves that a protrusion of the lungs has taken place; or, in other words, that this poor girl has been laced so tightly that her lungs, having no longer sufficient space in their natural situation, are squeezed out of it, and are forcing their way up along her neck."

Adulteration of Pickles.—In the *Lancet*, for November 30, we find the result of an analysis of thirty-three samples of bottled fruits and vegetables. Of these, seven were *greengages*, and four were colored with copper; five were *gooseberries*, three of which contained much of that article; one, *rhubarb*, adulterated in the same way; ten were *pickles*, and included those so nicely put in glass jars, in some of which copper was found; in fine, of the thirty-three samples analyzed, no less than twenty-one or nearly two-thirds contained copper. The bottled fruit, it is well understood, does not come in contact with copper at all in the process of preservation. Its presence must therefore be the result of deliberate adulteration. In the case of pickles no direct addition of copper is made, the requisite amount of that metal to produce the intense and beautiful green color, so much admired by the lovers of that vegetable, is readily obtained from the copper vessels, upon which the vinegar acts as a solvent. The metal is thus converted into an acetate of copper, or, in common parlance, verdigris, an article which enters into the composition of green paint, and is exceedingly poisonous. In the preparation of bottled fruits, the sulphate of copper, commonly called blue vitriol, is used, the salt being dissolved in the liquor, and added to the bottles when filled. A deleterious and poisonous agency is thus directly added to the fruit, not for the purpose of improving its flavor or adding to

its value, but merely to gratify the sense of sight with a beautiful green color. The practice of making pickles in copper vessels is common in our own country, but there is no necessity for it, and the fact that the vegetable is thereby to an extent poisoned, should lead to an entire abandonment of the practice. So also with the *gherkins*, *mixed pickles*, and *West India pickles*, so common in our markets, so neatly put up in glass bottles, the fact now so well known that to a greater or less extent *blue vitriol* gives them the beautiful color, should induce every one to refuse to purchase them. In this way the iniquitous adulteration would be remedied.

Incompatibles.—A correspondent, referring to an article in the Reporter for October 12, inquires whether spts. ætheris nitrici and potassæ iodidi are incompatible, provided the former is entirely pure. He says, "if it be not entirely free from acid, upon the addition of the iodide, the iodine will be set free, giving a beautiful color to the mixture. In this manner the purity of the spirits of nitre may be tested. I have often administered these remedies together, and never thought them incompatible."

Visiting Lists.—A correspondent suggests that visiting lists containing a classified list of "diseases and their remedies," are of very little value to a practitioner of twenty years standing. He thinks they ought to be "classified" in his head by that time. As for the "cash book," he recommends the omission of that portion of it for his latitude, and substitute "trade book." His suggestions are in ample time for 1863. Meanwhile we send him *Gross's Military Surgery*, a book which, in his opinion, will be of more value to him than the *Visiting List*.

Dr. J. W. Lodge, Surgeon in Gen. McClellan's division, has resigned on account of ill health.

The Amenities of War.—It is pleasant to record the exhibition of humanity amid the horrors and cruelties of war. In the battle at Hilton's Head, S. C., Dr. E. S. Buist, a surgeon in the Confederate Army, was supposed to be killed, but his body could not be found. After the Federal troops took possession of the place, as the men were digging out anew a bomb-proof passage, they discovered a body buried in the sand. In the hand was found a case of instruments, bandages, etc., showing that it was a surgeon. On his handkerchief was the name Buist. It seems he was sitting on his camp-stool in the passage, waiting to be in readiness when he was needed. A shell penetrated the bomb-proof to the timbers, and, exploding directly above him, killed him and buried him at the same instant. A gold watch was found upon his person, and his dress indicated affluence. His effects were gathered up, and a lock of his hair severed, with the design of sending them to his family. The body was carried by twilight to a quiet spot in the woods, where a grave was dug in a place easily identified, a musket box serving as a coffin, and was buried. In a few days after, a flag of truce came from the Confederate lines to identify and procure his body. Every facility was afforded for the purpose. The body was taken up, the instruments and effects all carefully returned, and, much to the surprise of the Confederates, a portion of the Federal forces formed in procession to accompany the remains to the landing place, whence they were to take their departure for his mourning friends.

Correspondence.

NEW YORK CORRESPONDENCE.

Sera tacitis pœna venit pedibus.—Tibullus.

The regular meetings of societies, medical and literary, at this period of the year, betray no evidences whatever of the troubles now agitating North and South. Quorums find no difficulty in being formed, papers of vital import to science and hygiene continually appear before the reading public, and a general diffused desire to ascertain the singular and instructive principles of existence is even on the increase. Though "swill milk" is still procured, vended, and partaken of freely, one fact cannot be disputed by the sturdy renovators of reform—*i.e.* those who are the victims know the cause, and be the blame their own if sad disease afflicts a family now cognizant of all its baneful influences. After all, the grand precept of self-preservation will work more improvements in the various communities than any set system of extended regulations. When we sit for hours listening to debates, absorbing the clear thoughts of learned minds, and eagerly digesting the sage aphorisms of experienced intelligence, can the effort of induction be so perfectly per-

formed; or is it equally convenient for both lecturer and audience to do justice to the subject while the head is swimming with its dizzy thoughts and undue heat, the carelessness of some poor usher, crowds the brain with an unventilated atmosphere? Nor is the medical profession free from this misfortune. Many, many times have soundest essays been forgotten or unheard when a few inches of open window would permit the anxious and susceptible recipients to comprehend cold truth. This could be rectified at once, and with no difficulty, were a "calorificator," in the shape of one hired man, to be stationed by thermometers, not only to perceive their rise and fall, but to act speedily upon the indicated change, and remedy what must retard the progress of deep cogitation, or the satisfactory result of healthy quietude. Let each clergyman, professional speaker, or peregrinating lecturer see that a responsible agent do watch the workings, crowded gases, and foul emanations from congregated beings, and, my word for it, more sense would rise from the discussion of astutest facts, less evils would be associated with a visit to a modern court-room, or the sanitary readings of unsanitary men. A man of pithy words, once said of preaching: "No conversion after twenty minutes." I take the liberty of adding: "No influence upon your hearers after seventy degrees."

All this may seem superfluous, but it was only the other evening that I saw a medical gentleman faint during the convention of professional philanthropists, and had he not yielded to the want of pure air, I should have had to faint or leave myself. Gourmet.

Os magna sonaturum.—Horace.

At the last meeting of the Academy of Medicine, Dr. John H. Griscom, a prominent leader in all sanitary reforms, read a most interesting paper made up from the experience of the learned and indefatigable Gugenbuhl, of European fame. The subject was that of the "Cretans" and their idiotic growth, combined with the magnitudinous development of their thyroid bodies, and other evidences of that bane of certain regions designated bronchocele. Some maintain that the valleys breed this poison; others that deficiency of nutritive material and hygienic laws increase what nature has already missed in the poor specimens of sad propensities. Dr. Detmold argued in favor of the absence of iodine in the water, as a strong reason for this condition. The subject will be discussed at length on some future occasion.

Next in order came the "Paper" of the evening — an elaborate, carefully digested, clearly enunciated, eminently interesting, and most comprehensive dissertation on the art of "Cutting Throats." The treatment was diversified by several subdivisions—*e.g.* Relations of pulmonary apoplexy to suffocation? The loss of how much blood will be fatal? Can a woman make a cut upon her own throat five and a half inches long, and to the bone, with a razor (Yes)? Can suffocation ever produce bloody effusion into the pleural cavities (No)? The concurrence of suffocation and hemorrhage when the trachea and carotids are completely severed? The value of ecchymosis of the tongue, as indicating asphyxia from any cause; and many other important points.

The speaker and author, Dr. Alonzo Clark, maintained a consecutive and most minute investigation relative to a certain case of murder or suicide, as the circumstances might determine or the clearest intellect decide. The impression left upon the mind, after mature cogitation, was that of De Quincey's original essay on making away with those who need division of their primitive carotids; Monsieur Dupin's Parisian perseverance in discovering the true perpetrators of concealed homicides, and a clear conviction of an unusual precision in details bordering on the bacheloric principle of action, thoughts, and treatment.

Dr. Elisha Harris, recently returned from Washington and the neighboring hospitals, states that only eight per cent. of the soldiers are sick at the present time, half of that number besides being only slightly incapacitated.

Bellevue Hospital is a model in many ways—strict attention, good food, and proper medicines are administered, but there exists one sad, nay, most improper arrangement connected with those afflicted with the graver forms of disease. For instance: the other day, while walking through the wards, a mother, dangerously ill with the typhoid fever, was seen dying in the same room, not only with others in the different stages of the like disease, but directly opposite her own daughter, aged sixteen. Imagine the serious effect upon her sick child—the death and impressive removal of her mother. A ward should

be provided for those about to die, or fast sinking, lest their presence provoke worse symptoms in those around, and depress all. This is worthy of attention. Gourmet.

ALBANY CORRESPONDENCE.

Albany Medical College and Medical Instruction, Albany, N. Y., December, 1861.

The Annual Commencement of this Institution was held in the Assembly Chamber on Monday evening, December 28. The exercises were opened with prayer, by the Rev. Mark Hopkins, President of Williams' College, who was formerly a physician. Eighteen young gentlemen were admitted to the Degree of Doctor of Medicine. The valedictory address was delivered by Dr. James McNaughton, the veteran Professor of Theory and Practice. It was in his own peculiarly felicitous style; paternal, like a father giving parting advice to his sons. Eminently practical, it derived additional interest from personal reminiscence and experience, while it was constantly enlivened by a flow of good humor. The address was designed to point out to the beginner in practice, some of the circumstances essential to success in professional life, and to point out some of the causes by which success may be thwarted. The address was well timed and appropriate. The Albany Medical College offers more than ordinary advantages to the student who would gain a thorough knowledge of medical science. The professorships are filled by men who are not only learned in the science, but who have a large practical experience. Dr. March has been a teacher of surgery for nearly or quite forty years, and has gained a distinguished reputation throughout the country. With increasing years, he has lost nothing of his enthusiastic love of his profession, and he imparts enthusiasm to all who listen to his instructions. Dr. McNaughton has always been a tower of strength to the institution. With possibly one or two exceptions, he is the oldest teacher in the country. Thoroughly learned in anatomy and in the principles of medicine, diseases and their treatment are discussed with an attractive familiarity that renders him one of the most acceptable of teachers. The Chair of Materia Medica and Physiology and of Obstetrics could not easily be filled with better men than Drs. Townsend and Quackenbush; while Chemistry and Medical Jurisprudence has an ardent, faithful exponent in Dr. Porter. The science of toxicology is becoming a specialty of the latter, and the many vexed questions that arise in medical jurisprudence under the administration of modern poisons, are receiving his special attention and elucidation. No student should consider himself ready to take a high position in the profession, unless he has spent at least several months in the laboratory under private instruction, and until he shall have become familiar with the various tests for the urine, and for the more common poisons. The laboratory is large and amply furnished with chemical apparatus, and with all the convenience for their use, and I know of no place where so much time and attention can be given to the private pupil. Chemistry and toxicology are departments of science which the medical student is most likely to underestimate, and to consider as unessential to a *practicing* physician, and to which consequently he gives the least possible attention. His great error stares him in the face, in after-life, when he reaches the position to form a true estimate of their importance. But this importance should be pressed upon pupils by their teachers, and such advantages as are now afforded should not be neglected. The large museum offers a broad and almost complete field for the study of pathology and pathological anatomy. It is not saying too much for it to say that it is not excelled in the country, and those of the several institutions that I have visited, fall far short of it. The City Hospital adjoins the college, and clinical instructions are there given in the several departments of medicine and surgery. Scarcely more could be crowded into a lecture term of sixteen weeks, with any advantage to the student.

Great as should be the attractions of Albany to the medical student, and enviable as is the reputation of the institution already, there are resources which, if made available, would place the institution in an enviable position. To its clinical teachings might be added a department of insanity. Students usually have no knowledge of insanity other than from books, and from them alone the lines that divide sanity from insanity can be drawn. But practical questions are not so easily decided; besides, there are the causes, the progress, and the physical changes in insanity, which need illustrating by clinical teachings, and this could be done by bringing the County Insane Asylum, with its one hundred patients, as an auxiliary to the college instruc-

tion. Insanity, as a sequel to accidents and diseases, is of vast importance; but usually forms no important part of medical instruction.

It would be practical also to bring the Alms House Hospital, with its hundreds of cases, to subserve the purpose of the medical teaching of the college. Here are diseases of a large pauper population quite different in the modifications of their several types from those met with in the City Hospital and in the better classs of private practice. The proximity of those institutions to the college makes the plan feasible.

The wants of the student at the present day require that in every college there should be a Chair of Microscopic Anatomy, and the uses of the microscope; most students have no practical knowledge in this department, which is becoming of increasing importance. Connected with this department should be Medical Ethics, Sanitary Science, and Hygiene. The latter are subjects of greatest magnitude. It is not only in the camp and in the army that this necessity find ample illustration, but in the regulations that pertain to corporations and residences. The public look to physicians as learned on these subjects, while in too many instances they have only the knowledge which observation and common sense teach. There is a demand for the education of students in this particular, and a professorship should be inaugurated in every medical college to meet it.

A thorough and complete medical education is *indispensable*, and the student should fully understand what is comprehended in it, before he undertakes the task of its accomplishment. More time is required for study, and for instruction by lectures and demonstrations. Success to that college which is first to prolong the lecture term to eight months, and the period of study to four years, before it confers its degree. S. D. W.

ARMY CORRESPONDENCE.

Extract from Brigade Surgeon King's Report on the sanitary condition of the "Army of the Potomac," communicated for the Reporter.

Headquarters, 1st Brigade. P. R. V. C.,
Camp Pierpont, Dec. 23, 1861.

Morris J. Asch, M.D., *Ass't Surgeon, U. S. A.*

Sir:—In compliance with Special Order No. 196, from Headquarters, McCall's Division, I have the honor herewith to transmit reports of the surgeons of this brigade, in answer to questions submitted on the sanitary condition of the army. As the last of the reports was received only this morning, my own report thereon, which is required to-day, must necessarily be hurried.

I beg leave to answer the questions proposed, as follows:—

I. As to the number of cases of fever in the brigade, the three last monthly reports of the surgeons show 539 cases of remittent, and 37 of typhoid fever, in the four regiments, comprising a mean strength of 3200, officers and men.

II. As to the characters of the fevers—the surgeons represent two distinct forms as existing: one, the bilious remittent, or fever of "malarial origin;" the other, the true typhoid, "the typhoid fever of the North." In my opinion it is impossible to draw such a line of distinction respecting these fevers, or to divide the cases into two well-defined classes; the one exhibiting, in its group of symptoms, the ordinary diagnostic marks of typhoid, and the other, of remittent fever. On the contrary, there is a certain *tout ensemble*, or general form, belonging to all the cases, by which we recognize one affection, though varying in its features in different cases, just as we know the physiognomy of man, however diversified in its manner of expression. I have observed the characters and so-called diagnostic signs of both variously coexisting and complicated in the same subjects; and it would be easy to arrange the facts observed in a tabular statement, showing in one column the distinguishing marks of the "malarial," and in another of the typhoid disease. But the facts are so united and commingled in the cases presented that, if required in regard to many to classify them with either disease, it would be difficult to say to which they belong. The following, for example, are thus found variously coexisting:—

EVIDENCES OF THE DISEASE OF "MALARIAL ORIGIN."	EVIDENCES OF THE TYPHOID DISEASE.
1st. It made its appearance in the latter part of summer, on the Potomac—a malarial region	1st. It continues to prevail after the heavy frosts, and in winter.
2d. Most patients have the disease developed suddenly.	3d. Most cases have a protracted convalescence.
3d. Epistaxis is rarely observed—I have seen none.	3d. Many cases show rose-colored spots.
4th. Few cases I have seen show great tendency to diarrhœa.	4th. Few cases—none that I have seen—showing nausea and bilious vomiting.
5th. Very seldom see much tympanitis—*often* none.	5th. Many cases show suffusion of the eye, dusky countenance, and mental habitude.
6th. The fever has distinct remissions, and is found in company with true intermittents.	6th. The duration of the disease, fully marked, mostly runs to three or four weeks—too long for remittents (!)
7th. In the first stages the tongue is furred with white or yellow coat, and expanded and indented at the edges.	7th. In the last stages the tongue tends to become dry, cracked, and covered with sordes.
8th. Numerous cases of other malarial diseases, as intermittent neuralgia, occurring; also jaundice, and the fever patients sometimes showing jaundiced urine.	8th. The occurrence of cases of troublesome suppurations, or abscesses about the parotid glands, coming on as the complication or sequel of the fever.
9th. Tested by the "effects of remedies," we see a marked influence of quinine in relieving the headache, stupor, and delirium of the early stages of *congestive* cases, arresting exacerbations of fever—and some-	9th. Tested by the "effects of remedies," we see certain good results from use of turpentine in some cases, and of nutritious stimulants, as "milk punch," in all, with a manifest necessity of obviating, by supporting

times acting favorably in the latter stages—with dry tongue, and other typhoid signs.

10th. Tested by the causes in operation, we have exposure to the night air while on guard, previous to the attack in localities where intermittents prevail.

11th. Tested by the post-mortem appearances, I have found the loss of color in the liver well marked, and distended gall-bladder in two cases examined.

means, the tendency to the adynamic state, and to "death by asthenia."

10th. Tested by the causes in operation, we have the crowding of men together, in badly ventilated tents and in filthy camps. These have not been sufficiently policed.

11th. Tested by the post-mortem appearances, I have found inflammation, thickening, and ulceration of Peyer's glands in three cases examined, and enlargement of the mesenteric glands in one.

But, not to pursue this investigation further, I will ask, are we justified in regarding all these facts as having weight, as I think we are, and in determining from the combination in the same subjects of the characteristics of two diseases that we have a "mixed affection?" Or, if not, shall we take the rose-colored eruption and affection of Peyer's glands as pathognomonic, and call the disease typhoid fever; or, on the other hand, take the characteristic mark of the influence of quinine as the specific for the malarial poison, or some other sign, and call the fever a "bilious remittent?" In my opinion it is only by patiently collecting the facts noted by regimental and hospital surgeons, who have recorded or made careful observation of their cases, that we can arrive at just conclusions on the subject—a subject the investigation of which, by a competent officer detailed for the purpose, would not be without its uses to the service.

III. As to the proper treatment—I have observed the most satisfactory results from the use of quinine, if given in the doses of sixteen or twenty grains in the morning, and repeating it in the same or smaller doses for several successive mornings in the early periods of the disease, with the use of a little blue mass and laxatives, and febrifuge mixtures when indicated, with the early resort to nutritious stimulants and liquid nourishment. Nitrate of silver, sugar of lead, and spirits of turpentine are useful on the development of certain enteric symptoms, for which they are recommended in the books. The inflammatory and congestive complications are treated successfully in the usual way by sinapisms, cupping, and epistaxis.

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Respectfully submitted by
JAS. KING,
Brigade Surgeon.

The Vermont Troops.—Dr. Edward Phelps, of Windsor, who is Professor in the Hanover (N. H.) Medical College, and a member of the Vermont Board of Medical Examiners for candidates for surgeons in the army, has visited the five Vermont regiments at Camp Griffin, at the request of the Governor, "with a view of ascertaining with accuracy, the amount and character of sickness there existing, together with the cases of mortality, and this with a view of learning in what way efficient aid could best be furnished," and has made a lengthy report to the Governor, which we find in full in the last *Vermont Chronicle.*

From this report, which is dated December 12th, it appears that the total strength of the five regiments is 4939; and that of this number a little less than one-fourth, or 1086, are excused from duty on account of sickness, classified as follows:—

1. Excused from duty, but on foot, and not wholly confined to tent	550
2. Excused from duty, and mostly confined to tent or in company sick-tent	245
3. Excused from duty, and sick in hospital	291
Total	1086

Those of the *first class* were complaining of colds, ordinary catarrhal affection of the mucous membrane of the lungs, throat, and head; also diarrhœa, rheumatism, and some mild forms of disease, and includes quite a number of men who were not of sound constitution when they entered the service, and owing to their frequent appearance on the sick list, will soon be discharged from service.

In the *second class*, the diseases are measles, remittent, intermittent and typhoid fevers, jaundice, and some other affections of liver and digestive organs.

"In the *third class*, the diseases existing are typhoid fever, typhoid pneumonia, jaundice, rheumatism, dysentery, bronchitis, as a sequel of measles, very rarely diphtheria and phthisic, and some variety of diseases of no very dangerous character, which may, nevertheless, render it best for the subject to be discharged."

On the 29th of November, there were 72 from the Vermont brigade in the various hospitals in and around Washington, 58 of whom were from the 5th Regiment, who are under the care of surgeons of the regular army, and well provided for.

In relation to the cause of the diseases, Dr. Phelps says that remittent and intermittent fevers are common diseases in the region of Camp Griffin, and might occur in an unacclimated person, however careful of himself. But the diseases which prove most mortal, typhoid pneumonia and typhoid fever, have no necessary connection with the climate of Virginia, but are of camp origin, and accompanied by a state of profound prostration, (or asthenia,) shown in the great and persistent depression of the pulse, cold skin, and other similar appearances. It is this asthenia that destroys life, more than the local affections of the bowels, liver, or lungs. As to the causes which induce this asthenic state, we make the following extract from the report:—

"It should here be stated that the assemblage of regiments, perhaps fifteen in number, which compose Camp Griffin, is only a part of the vast assemblage of troops, extending four miles through the region bordering the Potomac, whom, as General McClellan says, 'no man may number.' These have been lying upon the same ground for weeks; and although a great deal of care has been used to keep the camps clean, yet,

everywhere, disease incident to camps has arisen. The only reason that can be given why disease prevails throughout the whole range of camps, then, is because they have remained stationary so long. The cause is not in the men, but in the saturated soil, and the silent, unseen contamination of the waters and atmosphere. A deathly influence from these gives to all disease of whatever name an asthenic form, and causes it to prove mortal far beyond what could occur away from the region of camps. Upon making careful survey, I was enabled to convince myself that in one regiment at least, the location was such as to favor a more speedy action of the cause alluded to, and was happy to find that my views were indorsed by the proper authorities to such an extent that the regiment was moved to a very fine location before I left."

NEWS AND MISCELLANY.

The Resignation of Dr. McMurtrie.—Dr. Henry McMurtrie, Professor of Anatomy, Physiology, and Natural History, in the High School of Philadelphia, has resigned his chair. We have not heard the cause of this resignation, but from a knowledge of Dr. McMurtrie's merits as a teacher, and his eminent scholarship, we are sure the institution has lost a professor who, in his peculiar position, can hardly be replaced.

By every graduate of the High School, Dr. McMurtrie is much respected; and although as pupils they have felt his severity as a disciplinarian, his devotion to his duty as a teacher, and to their welfare, has endeared him to them. This expression will, we are sure, be heartily responded to by all his former pupils, particularly by those now holding prominent positions in the medical profession, who acknowledge an indebtedness to him for the rudiments of their medical education; and we hope that a consciousness of this grateful remembrance will be a satisfaction to him in his declining years.

Besides his popularity as a professor of natural science, Dr. McMurtrie is known to the community, in a literary way, as the translator of Cuvier's great works on zoology, the *Animal Kingdom*, and as a public lecturer on his favorite sciences.

The Institute for the Blind.—The number of inmates in this institution is 175, an increase of 10 over the same period last year. During the year 23 were received, 11 discharged, and 2 died. Of the pupils, Pennsylvania furnished 153; New Jersey, 13; Delaware, 5; other States, 6. The goods manufactured by the males amounted in value to $12,120 03; by the females, to $1038 29. The receipts of the past year were $36,807 13; the expenditures, $43,072. The deficiency being made up by a balance of *last year*.

Veterinary Surgeons.—A bill has been introduced in Congress to have a Veterinary Surgeon attached to each division, with an assistant to each regiment of cavalry or light artillery. It is apprehended that suitable persons cannot be found to fill the positions. There need be no fear of that. The applicants will be as thick as the locusts of Egypt, and the government will find abundant material from which to choose. The idea is certainly a good one. There is no good reason why that noble and useful animal, the horse, which is likely to suffer seriously from change of climate and insufficient attention, should be deprived of the benefits of good medical skill in his ailments.

Brown's Bronchial Troches.—The recipe for this famous bronchial remedy is as follows, viz.:

℞.—Pulv. ext. glycyrrhisæ, lbj;
" sacch. alb. lbjss;
" cubebæ, ℥jv;
" acaciæ, ℥jv;
Ext. conii, ℥j. M.

Appointments. — Dr. Frank M. Hiester, of Berks County, at one time Assistant-Surgeon of the Fifth Pennsylvania Regiment, has been appointed Brigade Surgeon in the Army.

Dr. Thomas R. Dunglison, of this city, has received the appointment of Acting Assistant-Surgeon in the Army, and has been ordered to the Hospital at Alexandria.

A Patented Cure for Toothache.—The *Scientific American* says that a patent has just been taken out in England, by M. A. Prenslan, for curing toothache by what he terms "oil-paper liquid." This is obtained by submitting paper to destructive distillation in a retort. The liquid comes over and is condensed in the worm of the still, and then applied to the tooth with a pellet of cotton. The liquid thus obtained is nothing more than *creosote*, which is now used by many persons for allaying the pain of ulcerated teeth. Crude coal oil possesses the same properties, and may be used for the same purpose.

The Vermont Cavalry Regiment.—Dr. George S. Gale, of Bridport, is the surgeon, and Dr. P. O'Meara Edson, of Chester, is the assistant-surgeon of this regiment, which has just gone to the seat of war.

Health of Confederate Troops at Nashville.—A correspondent estimates the number of sick at the army hospitals in Nashville, at from 8000 to 10,000. The two hospitals on College Street occupy an entire square, and are crowded to excess. The prevailing diseases are pneumonia and smallpox. The troops from Texas, Louisiana, and Mississippi suffer most, the changeable climate seriously affecting them and inducing pneumonia in the most aggravated form. The Texan Rangers are almost all on the sick list. Deaths are frequent, and supplied the draymen with their principal business. It is no uncommon sight to see a drayman carting away the bodies of dead soldiers. There is a third hospital on Market Street, near the public square, a vast five-story brick edifice running back toward the Cumberland River.

Health of the Troops at Camp Curtin, Pa.—Surgeon-General Henry H. Smith officially contradicts the report of extraordinary sickness at this camp. He says, the sick now in camp are only two per cent. of the troops, and there is nothing of an unusual or serious character. The health of the camp is closely watched by surgeons of undoubted ability, who have everything they require promptly furnished to them by the State.

Appointment of Medical Cadets.—In accordance with an act of Congress passed at the last session, the following medical cadets have been appointed, making the full number authorized by law:—

W. A. Anderson, John W. Allen, Lewis Applegate, F. G. H. Bradford, Lewis H. Bodman, Chas. H. Bowen, Edward Curtis, James S. Drake, Rufus Delafield, Chas. A. Devendorf, Chas. H. Dougal, Harry Gray, S. G. Gray, E. Hutchinson, George N. Hopkins, E. R. Hutchins, John N. Lyman, Elias Lester, Abiah Light, William Longshaw, F. De Moyne, M. K. Moxley, S. G. Minassion, Charles A. Milton, G. V. R. Merrill, M. J. Davis, W. D. F. Day, Rezin P. Davis, F. A. Dudley, A. C. Dyer, W. C. Eichelberger, Norton Folsom, Samuel L. Fitch, Thomas Francis, W. H. Gardner, Jas. S. Gregory, Horatio Paine, A. F. Pick, J. M Pillsbury, Jacob Roberts, Henry A. Robbins, Eben J. Russ, Edward Sterror, John Sullivan, R. A. Stephenson, Charles W. Spayd, Geo. W. Taylor, C. P. Wilson, Samuel Weil.

Medical Board.—By order of Major-General Dix, a Medical Board, composed of Brigade Surgeons R. W. Gilbert and C. C. Cox, and Robert Bartholomew, Assistant-Surgeon, U. S. A., will meet, in that division, at such times and places as the Medical Director shall designate, "for the examination of the professional qualifications, physical ability, and moral standing of such medical officers as he, the Medical Director, may designate to appear before the board." It strikes us this is a move in the right direction, and if generally followed in each division, might "weed out" incompetency and illegitimacy.

The regular medical schools of Cincinnati have each about 60 students in attendance. There are no lectures in progress at Louisville or St. Louis.

Statistics of Vaccination in Pennsylvania Troops.—The results of vaccination of three regiments of Pennsylvania Volunteers are thus given:—

	Vaccinated.	Successful.
54th Regiment	455	287
56th Regiment	119	73
84th Regiment	206	196
Unattached companies . . .	288	231
Total	1068	787

The men were chiefly from the interior of the State, and no data are given as to their previous vaccination.

Dr. D. S. Hyde, of Huntingdon, is Surgeon, and Dr. William Church, of Crawford County, is Assistant-Surgeon of the 110th Regiment, P. V.

Appointment.—Dr. M. D. Knox, of this city, has been appointed Assistant-Surgeon in the U. S. Navy, and, since September 21st, has been on duty on board the steam gunboat Penguin, which forms one of the blockading squadron under the command of Commodore Dupont.

The number of medical students in Dublin, Ireland, is 806.

Measles in the Army.—Surgeon Lyman reports, in the *Boston Med. and Surg. Jour.*, that the 44th New York Regiment has had one hundred sick with measles during the last three weeks.

India-rubber Stoppers for Bottles.—A correspondent of the *Boston Medical Journal* calls the attention of the profession to a recent invention, taking the place of corks and ground-glass stoppers for bottles. Stoppers are made of vulcanized India-rubber, which are said to be indestructible by acids, do not get fast in the bottles, and are sold at a price which will insure their general use.

The Want of Ambulances.—General Ord, in his report of the affair at Drainesville, says: "Some of the wounded had to be brought the whole way on stretchers, while, I am informed, that the Pennsylvania ambulances for this division are lying empty at Washington, by orders (I suppose) of the circumlocution office."

The want of ambulances among the Pennsylvania regiments has been repeatedly complained of, although the Surgeon-General of the State had a proper number supplied and delivered to the authorities in Washington. If red tape must be allowed its sway in military affairs, we would suggest that it be compelled to envelop matters the loss of which would produce less suffering than want of ambulances for the wounded.

Condemned.—Ten Jewish and eight Christian medical students, of the University of Warsaw, have been condemned to serve as common soldiers in the Russian army at Orenburg.

Dr. Stephen Griswold, assistant surgeon of the 38th New York Regiment, who was among the prisoners taken by the Confederates at Bull Run, died a few days since at Charleston, S. C., of typhoid fever. He was thirty-four years of age.

Appointment.—Dr. George F. Gale, of Brattleboro', has been appointed surgeon of the 8th Regiment Vermont Volunteers, forming one of the Butler Brigade; and Dr. H. H. Gillet, of Corinth, assistant surgeon of the same regiment. Both are excellent appointments.

Virchow a Politician.—It is said that Virchow, the pathologist, is about to become a member of the Prussian Parliament. If Prussian politicians resemble those in this country in their habits, we would be inclined to consider Virchow's scientific utility at an end.

A New Weapon of Warfare.—Mr. B. Greenough, of Bradford, Vermont, has succeeded in perfecting his apparatus for the ejection of *liquid fire*, and was recently called to Washington to make further experiments. Mr. Greenough is the inventor of the non-explosive burning fluid, and has been engaged in his chemical investigations for a number of years until he has produced what now promises to be a terrible auxiliary in warfare.

The experiments at Washington were made under the direction of a Board, consisting of Capt. G. V. Fox, Assistant Secretary of the Navy, Capt. Dahlgren, Capt. Wainwright, and Lieut. Badger. A target was erected upon a platform fifty feet long by thirty feet wide, the target being made of solid oak timber three feet in thickness. The fluid was ejected in an inert state, from a pipe of three-sixteenths of an inch in diameter, and was thrown some thirty or fifty yards before it reached the target. At a distance of several feet from the nozzle the fluid ignited, expanding to a diameter of two feet, with an intense combustion, which covered the target and the platform with liquid fire. The fire was apparently inextinguishable, burning readily on the water and consuming the target. It emitted dense fumes and smoke which darkened the atmosphere, and would have suffocated any human being who had come within its influence. The experiment was quite successful.

Experiments were also made with shells filled with this liquid, and with equal success. The composition, the secret of which is known only to the inventor, promises to deal death to foes, and is a great advance in science.

From our acquaintance with Mr. Greenough, and our knowledge of his entire success in rendering burning fluid non-explosive, we infer that the experiments above referred to will also be entirely successful, and add a terrible weapon to modern warfare. We record Mr. Greenough's addition to modern science with pride and pleasure.

Hippophagy.—A grand hippophagic banquet has been recently held in Algeria, under the auspices of M. de Croix, Veterinary Surgeon. Horseflesh was served in every variety of form, and a young ass, roasted whole, formed a conspicuous *pièce de resistance.*—*London Med. Times.*

Obstetric Mortality.—At a recent meeting of the London Obstetrical Society, Dr. Tyler Smith stated that the whole obstetric mortality of England and Wales exceeded annually three thousand. Of this number more than one thousand died of puerperal fever, nearly three daily.

Soyer's Description of the Personal Appearance of Florence Nightingale.—M. Alexis Soyer, the French cook, who is so well known by his eminent services in the Crimea, gives, in his Culinary Campaign, the following description of Miss Nightingale:—

"She is rather light in stature, fair in complexion, and slim in person; her hair is brown, and is worn quite plain; her physiognomy is most pleasing; her eyes, of a bluish tint, speak volumes, and are always sparkling with intelligence; her mouth is small and well formed, while her lips act in unison, and make known the impressions of her heart—one seems the reflex of the other. Her visage, as regards expression, is very wonderful, and one can almost anticipate by her countenance what she is about to say; alternately with matters of the most grave import, a gentle smile passes radiantly over her countenance, thus proving the evenness of her temper; at other times, when wit or pleasantry prevails, the heroine is lost in the happy, good-natured smile which pervades her face, and you recognize only the charming woman. Her dress is generally of a grayish or black tint; she wears a simple white cap, and often a rough apron. In a word, her whole appearance is religiously simple and unsophisticated."

Questions in Anatomy.—Professor Ford has prepared for his classes a series of anatomical questions, of which we have received the first fasciculus, containing more than 500 questions on osteology. They are very full, as may be supposed from their number, and cover the structure and relations of all the bones; and as there are no answers printed with them, they form a very valuable catechism.—*Berkshire Med. Jour.*

Flying Machine.—A Mr. Edwards says in the *Scientific American*, that he has invented a flying machine which will attain a speed of five miles a minute. In a small machine, which he has already made and practiced with, the propelling force is a powerful steel spring, which, with the proper gear attached, sustained the machine for about two and a quarter minutes. The apparatus weighed seventy-seven pounds, and on this was placed a weight of sixty-two pounds. The machine was fastened to a post, around which it revolved at a distance of thirty feet. It flew at the rate of one and a half miles per minute. The inventor feels sure that he has solved the problem of flying like birds through the air.

Hypertrophied Heart.—At the London Pathological Society, a heart was exhibited, which weighed forty-six and a half ounces. The patient, a man aged forty-two, had suffered from acute rheumatism and pleurisy, in the second attack of which he died. The heart was fifteen and a half inches in circumference, and six inches in length.

The Cholera in British India.—Cholera is still prevailing with great fatality among the British troops. The men are represented as disheartened and prostrated. The commander-in-chief has directed to officers to keep the soldiers amused, and ordered the bands to play for them.

Cancer in Dogs.—A correspondent of the *Lancet* says that scirrhus frequently occurs in dogs.

A large staff of medical officers have been ordered to Canada from England.

Free Ventilation of School-rooms.—Dr. Laycock says, in the *British Medical Journal*, that "it is most lamentable to see the overcrowding in preparatory schools for young children, usually held in what are or have been private houses, and in which the air supply is wholly insufficient for even maintaining health at all. If school-masters were thoroughly imbued with the simple but fundamental truth, that more oxygen is necessary for the brain in action than in repose, they would never rest until they had secured for themselves and their charge at least as ample a supply of air in the class-rooms as is thought necessary for the sleeping-rooms of paupers and prisoners."

The Scientific American.—The commencement of a new volume of this remarkably excellent and cheap journal, occurs to us as a proper time for directing attention to it. We receive no exchange which presents so much original and practical reading matter, calculated to interest and benefit every one, as the *Scientific American*, and its price, which is but *two dollars* a year, places it within the reach of all. No other periodical does so much to popularize science in all its varied departments, and as a journal for the office, the laboratory, the workshop, or the household, it is unequaled.

A Curious Verdict.—The London *Medical Times* says that a coroner's jury has been investigating a case in which, it appears, that a young man agreed with a girl that they would be drowned together, and for this purpose they tied themselves together with tape and leather strings and jumped into the Surrey Canal. After they had been in the water some time, the tape broke and the woman was drowned, while the man saved himself by swimming, after, it is said, "endeavoring to rescue the deceased." The coroner's jury found that the poor girl was *felo de se*, and that the man was an abettor of the murder.

The Finding of the Original Obstetric Forceps of the Chamberlens'.—At a recent meeting of the London Medical and Chirurgical Society, Dr. R. Lee alluded to the finding of Peter Chamberlen's original obstetric forceps, which were sent in 1818, by Carnadine, to the Medico-Chirurgical Society. They were found at Woodham Mortimer Hall, Essex, in an old closet in the mansion, where they had lain above a century and a half. Hugh Chamberlen, in his translation of Mauriceau's work, which was published in 1672, thus alludes to the forceps, which was a secret instrument in the family: "I will now take leave to offer an apology for not publishing the secret I mention we have, to extract children without hooks where other artists use them, viz., there being my father and two brothers living that practice this art, I cannot esteem it my own to dispose of, nor publish it without injury to them; and I think I have not been unserviceable to my country, although I do but inform them that the fore-mentioned three persons of our family and myself, can serve them in these extremities with greater safety than others."

Medical Society of New Jersey.

The Annual Meeting of the Medical Society of New Jersey will be held at New Brunswick, on the 4th Tuesday of January, (the 28th prox.,) at 7 o'clock P.M. The place of meeting will be determined by the Committee of Arrangements. Delegates are requested to bring with them certificates of appointment; but they will not be received unless all arrears to the State Society are paid by the several District Societies.

W. PIERSON, Rec. Sec'y
Of Med. Soc. of New Jersey.

DECEMBER 28, 1861.

MARRIED.

PARKHURST—SLOAT.—In Christ Church, Ramapo, on Wednesday, Dec. 11, by Rev. James S. Barnes, G. H. Parkhurst, M.D., of Peekskill, to Miss Mary W. Sloat, of Sloatsburg.

PARROTT—GRUBB.—In this city, Dec. 24, by Rev. Philip H. Mowry, W. J. Parrott, M.D., of Princeton, N. J., to Miss Georgette G. Grubb, of Morrisville, Pa.

RICHARDS—DOLAND.—In New York, on Monday, Dec. 23, by Rev. T. L. Harris, George W. Richards, M.D., of Orange, N. J., to Miss Lydia Amelia Doland, of that city.

SHOEMAKER—HELLER.—On Nov. 19, Dr. J. M. Shoemaker to Miss Sarah C. Heller, both of Van Buren, Ohio.

SMITH—TICHENOR.—At Irvington, Nov. 13, by the Rev. James M. Brown, at the house of the bride's father, Laura A. Tichenor and David S. Smith, M.D.

VAN WAGENER—GREEN.—On the 18th ult., at Madison, by Rev. Samuel L. Tuttle, James E. Van Wagener, M.D., to Lucetta Green, daughter of the late Jonathan E. Green, of Indiana, and niece of the late Dr. H. P. Green, of Madison.

DIED.

BERRY.—In West Constable, N. Y., on the 16th inst., Philo Berry, M.D. He graduated at the Vermont Medical College in 1859.

EVANS.—On Saturday, Dec. 28th, Mary Louisa, wife of Dr. Edmund C. Evans of Chester County, Pa., and daughter of the late Dr. Benjamin Allen, of Hyde Park, N. Y.

Answers to Correspondents.

Subscriber, N.Y.—There is, if we are correctly informed, but one Naval Board for the examination of candidates for assistant-surgeons of the Navy. This Board meets as occasion requires. Its last session, we believe, was at New York. It is is not, of course, limited by State bounds in its reception of applications. When or where its next session is held, we are not informed.

The proper course to pursue, is to make application to the Secretary of War or of the Navy, according as you desire a post in the army or navy.

In our opinion, a knowledge of the classics would be of great advantage to you in your examination, though we believe it is not a requirement of the Board. (See REPORTER, vol. v. No. 23, p. 633; and vol. vi., p. 146.)

Dr. D. C., Ind.—The solution of morphia proper for subcutaneous injection in neuralgia is ½ to one grain dissolved in the smallest possible quantity of water. The quantity to be used depends upon the urgency of the symptoms. The physician must be the judge. It is injected by means of an instrument made specially for that purpose.

Dr. A. S., Pa.—An intelligent, active, energetic practitioner will no doubt find a good opening in any of the cities or large places of the West.

Communications Received.

Connecticut—Dr. N. Banks, with encl.; Dr. L. Gayner, with encl. *District of Columbia*—Dr. R. K. Stone, with encl. *Illi-*

nois—Dr. A. L. Barr, with encl.; Drs. D. W. Stormont, I. Tenbrook, each with encl.; Dr. B. Woodward, with encl. *Indiana*—Dr. Calvin West, with encl.; Dr. F. C. Eckelman; Drs. Dougan, Clark, J. A. Blackwell, each with encl.; Dr. F. C. Eckelman, with encl. *Iowa*—Dr. M. Marbourg, Dr. F. H. Sawyers, with encl. *Kentucky*—Dr. W. D. Gay, Dr. W. Milner, with encl.; Dr. D. Johnston, with encl.; Dr. T. P. Dudley, with encl. *Maine*—Drs. N. E. Smart, O. Ross, L. Richards, J. W. Morton, S. C. Sibby, H. B. C. Green, W. R. C. Provencher, D. Smith, A. Bacon, N. C. Robinson, E. B. Chamberlin, C. Moore, J. F. Gilman, M. Dodge, S. Fitch, J. Buzzell, T. A. Foster, W. A. Harvey, each with encl.; Dr. T. H. Jewett. *Maryland*—Dr. J. H. Taylor. *Massachusetts*—Dr. C. B. Smith. *Michigan*—Dr. C. T. Southworth, with encl. *Minnesota*—Dr. A. H. Jones. *New Hampshire*—Drs. A. Perry, W. Leighton, each with encl. *New Jersey*—Drs. B. A. Watson, C. C. Phillips, each with encl.; Dr. R. B. Brown, with encl.; Dr. R. M. Cooper, with encl.; Dr. J. S. Linabery, Dr. H. H. Tichenor, with encl.; Dr. E. P. Nicholls, Dr. S. T. Locke, Dr. J. F. Shoemaker, with encl.; Dr. R. S. Smith. *New York*—Dr. Henry N. Fisher, Dr. John H. Griscom, Dr. H. B. Horton, Dr. E. R. Howland, Dr. M. Calvin West, with encl.; Dr. I. K. Leaning, Dr. Eli Small, J. Burke, each with encl.; Dr. E. Stewart, Dr. B. S. Manly, with encl.; J. G. White (2), with encl.; Dr. L. Bauer, Dr. G. K. Smith, Dr. S. W. Francis (2), Dr. O. Roten, W. A. Townsend, Drs. Wm. S. Babbitt, S. Winne, each with encl.; Drs. C. G. Bacon, J. V. D. Coon, J. R. Gregory, O. C. Gibbs; Drs. J. G. Meacham, Peter Cleary, L. D. Isham, Dr. T. W. Blatchford, with encl.; Dr. Chas. Browne. *Ohio*—Dr. S. P. Hunt, with encl.; Drs. Griswold and Ballard, with encl.; Dr. Wm. D. Towner, Dr. H. P. Kay, Dr. W. J. Kelley, with encl.; Dr. J. Baggs. *Pennsylvania*—Dr. E. Hottenstein, with encl.; Dr. T. B. Shugert; Drs. A. B. Dill, J. B. Brallier, D. D. Loop, each with encl.; Dr. J. Collins, with encl.; Dr. S. W. Virtue, Drs. F. S. Kohler, S. R. Gibboney, R. Martin, A. Rothrock, D. D. Mahon, S. A. Martin, J. G. Lightner, J. McCulloch, G. W. Thompson, H. Orlady, J. M. Irvine, S. Thompson, W. B. Roberts, R. Clark, A. B. Calderwood, Emil Lietze, J. A. Landis, each with encl.; Dr. F. W. Vandersloot, with encl.; Dr. John Ream, Dr. A. F. Illig, with encl.; Dr. A. G. Walter, Dr. G. Ellis, Dr. J. W. Thompson, Dr. J. Breitenbach, Dr. John Curwen, Dr. J. S. Whildin; Drs. C. W. Backhus, F. G. Bloom, J. P. Thompson, J. W. Wengert, F. C. Doyle, J. Compher, B. F. Harry, A. B. Madden, A. Carl, J. K. Davidson, W. Grubb, E. D. Rankin, S. Pollock, each with encl.; Drs. J. W. Kerr, A. L. Cressly, A. L. Peirce, T. H. Elliott, W. B. Erdman, J. G. West, G. W. Hoover, P. R. Wagenseller, G. W. C. James, A. R. Savidge, A. M. Miller; Dr. A. M. Cooper, with encl. *Rhode Island*—Dr. O. Bullock, with encl. *Vermont*—Dr. C. L. Allen, Drs. C. & H. Porter. *Virginia*—Dr. H. R. Wirtz, with encl.; Dr. J. C. Spear.

Office Payments.—Drs. James Wright, West, Haskell, Fegtmayer, Albright, Mannel.

Pamphlets Received.

We acknowledge the receipt of a pamphlet entitled "An Effort to Shorten the Duration and Diminish the Pain of Labor;" and one on "The Use of Anæsthetics in Midwifery." By B. Fordyce Baker, M.D., Obstetric Physician to Bellevue Hospital, New York. (From the author.) Also "Sanitary Legislation, Past and Future: the Value of Sanitary Reform and the True Principles of its Attainment." By John H. Griscom, M.D., Attending Physician of the New York Hospital, etc. (From the author.) Both of these pamphlets are too valuable to be laid aside without further consideration; we, therefore, reserve a more particular notice of them for a future opportunity. The subject of the latter is one which possesses peculiar interest for our investigation at the present time.

Vital Statistics.

Of Philadelphia, for the week ending Dec. 23, 1861:

Deaths—Males, 150; females, 136; boys, 85; girls, 67. Total 286. Adults, 134; children, 152. Under two years of age, 89. Natives, 196; Foreign, 72. People of color, 5.

Among the causes of death, we notice—Apoplexy, 4; convulsions, 14; croup, 10; cholera infantum, 0; cholera morbus, 0; consumption, 46; diphtheria, 13; diarrhœa and dysentery, 2; dropsy of head, 3; debility, 14; scarlet fever, 16; typhus and typhoid fever, 9; inflammation of brain, 5; of bowels, 5; of lungs, 21; bronchitis, 2; congestion of brain, 5; of lungs, 2; erysipelas, 2; hooping-cough, 0; marasmus, 2; small-pox, 15.

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" " December 28, 1861.....286

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 1980·29.

Of Providence, R. I., for Nov., 1861:

Deaths—Males, 41; females, 38. Total, 79. Children under ten years of age, 25. Natives, 61; Foreign, 18.

Among the causes of death, we notice—Apoplexy, 2; congestion of brain, 5; disease of brain, 1; inflammation of brain, 2; disease of bladder, 1; cancer, 1; cholera infantum, 2; consumption, 14; convulsions, 2; diarrhœa, 5; dysentery, 2; diphtheria, 2; typhoid fever, 4; disease of heart, 2; hooping-cough, 2; hydrocephalus, 2; disease of hip, 1; disease of kidneys, 1; disease of liver, 2; malformation of spine, 1; marasmus, 4; old age, 3; peritonitis, 1; pneumonia, 5; congestion of lungs, 1; scarlatina, 1; scrofula, 2; suicide 1.

Population of Providence, 1860, 50,669. Mortality 1 in 641·48.

Of New York, for the week ending Dec. 16, 1861:

Deaths—Males, 190; females, 202; boys, 103; girls, 109. Total, 401. Adults, 190; children, 212. Under two years of age, 146. Natives, 253; Foreign, 148; Colored, 8.

Among the causes of death, we notice—Apoplexy, 2; infantile convulsions, 17; croup, 12; diphtheria, 13; scarlet fever, 35; typhus and typhoid fevers, 11; cholera infantum, 0; cholera morbus, 0; consumption, 58; small-pox, 9; dropsy of head, 13; infantile marasmus, 24; diarrhœa and dysentery, 2; inflammation of brain, 14; of bowels, 7; of lungs, 27; bronchitis, 11; congestion of brain, 13; of lungs, 6; erysipelas, 3; hooping-cough, 2; measles, 2. 208 deaths occurred from acute disease, and 41 from violent causes.

Population of New York, 814,277. Mortality, 1 in 2030·61.

Medical Directory.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth Street.

Medical Clinic on Wednesdays and Saturdays, at 10 A.M., by Dr. Gerhard.

Surgical do., at 11 A.M., by Dr. Geo. W. Norris.

Medical Library of the Pennsylvania Hospital.—Open on Wednesdays and Saturdays.

Philadelphia Hospital.—Medical Clinic on Wednesdays and Saturdays, at 9½ A.M., by Dr. J. L. Ludlow.

Surgical Clinic on Wednesdays and Saturdays, at 10½ A.M., by Dr. D. H. Agnew.

Wills Hospital for the Eye and Limb.—Clinics, Wednesdays and Saturdays, at 11 A.M., by Dr. William Hunt.

Howard Hospital, Lombard Street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P.M. Monday and Thursday—Dr. Turnbull, at 1 P.M. Tuesday and Friday—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P.M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Judson, at 1; and Dr. Morehouse, at 5 P.M. Monday and Thursday—Dr. Meigs, at 5 P.M. Tuesday and Friday—Dr. Atkinson, at 3½ P.M.

Jefferson Medical College, Tenth, above Walnut.

Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.

Surgical do., at 1 P.M., by Dr. S. D. Gross.

University of Pennsylvania, Ninth, below Market.

Surgical Clinic on Wednesdays and Saturdays, at 1 P.M., by Prof. Smith.

Dispensary Service every afternoon at 3 P.M., by Drs. Dunster and Hodge.

Pennsylvania College of Dental Surgery, 528 Arch Street.—Clinical Lectures daily, (except Sunday,) from 2 to 4 P.M., by Dr. Goodwillie.

Philadelphia Lying-in Charity.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning, at 9 o'clock, by Dr. Edwin Schoffield.